

SERFF Tracking Number:	HUMA-126712490	State:	Arkansas
Filing Company:	Kanawha Insurance Company	State Tracking Number:	46414
Company Tracking Number:			
TOI:	H111 Individual Health - Disability Income	Sub-TOI:	H111.004 Other
Product Name:	Individual Disability Income		
Project Name/Number:	/		

Filing at a Glance

Company: Kanawha Insurance Company

Product Name: Individual Disability Income

TOI: H111 Individual Health - Disability Income

Sub-TOI: H111.004 Other

Filing Type: Form/Rate

SERFF Tr Num: HUMA-126712490 State: Arkansas

SERFF Status: Closed-Approved-
Closed

Co Tr Num:

Author: John Flood

Date Submitted: 08/06/2010

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 08/20/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

State Filing Description:

Implementation Date:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/20/2010

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 08/20/2010

Created By: John Flood

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: John Flood

Filing Description:

RE: Kanawha Insurance Company

Individual Disability Income Insurance Forms:

Disability Income Insurance Policy 80330 07/10

Application for Insurance 1716 (07/10)

Accidental Death & Dismemberment Rider 80330 ADD RDR 07/10

Building Benefit Rider 80330 BB RDR 07/10

Emergency Accident Rider 80330 EA RDR 07/10

First Hospital Confinement Rider 80330 FHC RDR 07/10

Hospital Indemnity Rider 80330 HIN RDR 07/10

SERFF Tracking Number: HUMA-126712490 State: Arkansas
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Product Name: Individual Disability Income
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Hospital Injury Indemnity Rider 80330 HII RDR 07/10
Specified Injury Rider 80330 SI RDR 07/10
Pre-existing Conditions Endorsement 80330 PREX END 07/10
Outline of Coverage 80330 OOC 07/10
Explanation of Variables
Actuarial Memorandum and Rates

Dear Commissioner:

Kanawha Insurance Company is submitting the above captioned forms for review and approval. The forms are designed to provide individual disability income coverage. These forms are new and not intended to replace any other forms currently in use. Also enclosed are the supporting actuarial memorandum and premium rates.

With regard to marketing information, coverage will be marketed through agent/broker solicitation or on a direct issue basis. This policy is being filed for concurrent approval in the domiciliary state, South Carolina.

All bracketed numbers are variable to the extent allowable by your state's laws. All bracketed text is variable to the extent allowed by law. In addition, the bracketed text may or may not be included in the policy when printed. In no event will numbers or text be changed to impact compliance with your law. An Explanation of Variables is enclosed, along with all other filing requirements.

The forms are in final print, subject to minor variations in formatting, duplexing, shading and fonts. In addition, the Application may be reproduced electronically which could result in formatting changes. While every effort is made to submit filings without mistakes, the Company reserves the right to make corrections to any typographical errors such as misspellings or minor grammatical errors noted after filing and approval. The Company will provide you a highlighted copy of any corrections it makes for your records.

Thank you for your attention to this filing. If you should have any questions, please contact me at 1-800-635-4252 Ext 5328. My email address is jflood3@humana.com.

Company and Contact

Filing Contact Information

John Flood, Compliance Analyst jflood3@humana.com
210 South White Street 803-283-5328 [Phone]
Lancaster, SC 29721

Filing Company Information

Kanawha Insurance Company CoCode: 65110 State of Domicile: South Carolina
210 South White Street Group Code: 119 Company Type:

SERFF Tracking Number: HUMA-126712490 State: Arkansas
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Company Tracking Number:
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
Product Name: Individual Disability Income
Project Name/Number: /

Lancaster, SC 29721 Group Name: State ID Number:
(800) 635-4252 ext. [Phone] FEIN Number: 57-0380426

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 per filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Kanawha Insurance Company	\$50.00	08/06/2010	38573895
Kanawha Insurance Company	\$500.00	08/10/2010	38662173

SERFF Tracking Number:	HUMA-126712490	State:	Arkansas
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Product Name:	Individual Disability Income		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/20/2010	08/20/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	08/11/2010	08/11/2010	John Flood	08/20/2010	08/20/2010
Pending Industry Response	Rosalind Minor	08/10/2010	08/10/2010	John Flood	08/10/2010	08/10/2010

<i>SERFF Tracking Number:</i>	<i>HUMA-126712490</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Kanawha Insurance Company</i>	<i>State Tracking Number:</i>	<i>46414</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H111 Individual Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H111.004 Other</i>
<i>Product Name:</i>	<i>Individual Disability Income</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 08/20/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HUMA-126712490 State: Arkansas

Filing Company: Kanawha Insurance Company State Tracking Number: 46414

Company Tracking Number:

TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other

Product Name: Individual Disability Income

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form (revised)	Individual Disability Income Policy	Approved-Closed	Yes
Form	Individual Disability Income Policy	Replaced	Yes
Form	Accidental Death And Dismemberment Rider	Approved-Closed	Yes
Form	Building Benefit Rider	Approved-Closed	Yes
Form	Emergency Accident Rider	Approved-Closed	Yes
Form	First Hospital Confinement Rider	Approved-Closed	Yes
Form	Hospital Indemnity Rider	Approved-Closed	Yes
Form	Hospital Injury Indemnity Rider	Approved-Closed	Yes
Form	Specified Injury Rider	Approved-Closed	Yes
Form	Outline of Coverage	Approved-Closed	Yes
Form	Pre-existing Conditions Endorsement	Approved-Closed	Yes
Form	Application	Approved-Closed	Yes
Rate	Actuarial Memo	Approved-Closed	No
Rate	Exhibits (rates, loss ratio)	Approved-Closed	No

SERFF Tracking Number: HUMA-126712490 State: Arkansas
Filing Company: Kanawha Insurance Company State Tracking Number: 46414
Company Tracking Number:
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
Product Name: Individual Disability Income
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 08/11/2010

Submitted Date 08/11/2010

Respond By Date

Dear John Flood,

This will acknowledge receipt of the captioned filing.

Objection 1

- Individual Disability Income Policy, 80330 07/10 (Form)

Comment:

Your attention is called to the 60-day period as outlined under ACA 23-85-137 with respect to minors for whom the insured has filed a petition to adopt.

Objection 2

- Individual Disability Income Policy, 80330 07/10 (Form)

Comment:

The definition of "Accident", "Accidental Injury", or "Accidental Means", may be defined to employ "result" language and shall not include words which establish an accidental means test or use words such as "external, violent, visible wounds" or similar words of description or characterization.

The definition shall not be more restrictive than the following: Injury or injuries, for which benefits are provided, means accidental bodily injury sustained by the insured person which is the direct cause, independent of disease or bodily infirmity or any other cause and occurs while the insurance is in force.

Objection 3

- Individual Disability Income Policy, 80330 07/10 (Form)

Comment:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-85-131(b) and Bulletin 14-81.

Please feel free to contact me if you have questions.

Sincerely,

<i>SERFF Tracking Number:</i>	<i>HUMA-126712490</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Kanawha Insurance Company</i>	<i>State Tracking Number:</i>	<i>46414</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H111 Individual Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H111.004 Other</i>
<i>Product Name:</i>	<i>Individual Disability Income</i>		
<i>Project Name/Number:</i>	<i>/</i>		
Rosalind Minor			

SERFF Tracking Number: HUMA-126712490 State: Arkansas
Filing Company: Kanawha Insurance Company State Tracking Number: 46414
Company Tracking Number:
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
Product Name: Individual Disability Income
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 08/20/2010
Submitted Date 08/20/2010

Dear Rosalind Minor,

Comments:

In response to your objections dated August 11, 2010 we offer the following information:

Response 1

Comments: Policy P. 10, ELIGIBILITY AND ADDITION OF PERSONS provision, revised 3rd and 5th paragraphs to extend the time limit to 60 days:

"Any newborn child born to You or adopted by You while this Policy is in force will be insured from the moment of birth for 60 days. A child placed with You for adoption after the Date of Policy will be covered for a period of 60 days from the date of the filing of a petition for adoption . A foster child placed with You after the Date of Policy shall automatically be covered for a period of 60 days from the date of placement and is subject to any Pre-Existing Conditions as defined in this Policy. Coverage and Benefits for the child on the Riders will be the same as those that are provided for Eligible Dependent Children."

"To continue coverage for the newborn or adopted child beyond the 60-day period, You must notify Us in writing and pay the Premium, if any, for the child. The Premium, if any, must be paid within 60 days from the date of birth, placement or filing of a petition for adoption. Premiums, if any, for the child will be prorated to the next Premium due date of this Policy. If We are not notified and the required Premium, if any, is not paid within 60 days, the coverage for the child will end 60 days after the date of birth, placement or filing of a petition for adoption."

Related Objection 1

Applies To:

- Individual Disability Income Policy, 80330 07/10 (Form)

Comment:

Your attention is called to the 60-day period as outlined under ACA 23-85-137 with respect to minors for whom the insured has filed a petition to adopt.

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 Company Tracking Number:
 TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
 Product Name: Individual Disability Income
 Project Name/Number: /

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Individual Disability Income Policy	80330 07/10		Policy/Contract/Fraternal Certificate	Revised		52.000	80330 07-10 AR - Indv DI Policy (PIC) - rev. 8-20-10.pdf

Previous Version

Individual Disability Income Policy	80330 07/10		Policy/Contract/Fraternal Certificate	Initial		52.000	80330 07-10 - Indv DI Policy (PIC) - generic - 8-5-10.pdf
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No Rate/Rule Schedule items changed.

Response 2

Comments: Policy P. 12, revised definition of Accident to read: "...means accidental bodily injury sustained by the insured person which is the direct cause, independent of disease or bodily infirmity or any other cause and occurs while the insurance is in force."

Related Objection 1

Applies To:

- Individual Disability Income Policy, 80330 07/10 (Form)

Comment:

The definition of "Accident", "Accidental Injury", or Accidental Means", may be defined to employ "result" language

SERFF Tracking Number: HUMA-126712490 State: Arkansas
Filing Company: Kanawha Insurance Company State Tracking Number: 46414
Company Tracking Number:
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
Product Name: Individual Disability Income
Project Name/Number: /

and shall not include words which establish an accidental means test or use words such as "external, violent, visible wounds" or similar words of description or characterization.

The definition shall not be more restrictive than the following: Injury or injuries, for which benefits are provided, means accidental bodily injury sustained by the insured person which is the direct cause, independent of disease or bodily infirmity or any other cause and occurs while the insurance is in force.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Individual Disability Income Policy	80330 07/10		Policy/Contract/Fraternal Certificate	Revised		52.000	80330 07-10 AR - Indv DI Policy (PIC) - rev. 8-20-10.pdf

Previous Version

Individual Disability Income Policy	80330 07/10		Policy/Contract/Fraternal Certificate	Initial		52.000	80330 07-10 - Indv DI Policy (PIC) - generic - 8-5-10.pdf
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No Rate/Rule Schedule items changed.

Response 3

Comments: Policy, P. 13, revised the last sentence in definition of Eligible Dependent Child(ren) to delete time limit:

SERFF Tracking Number: HUMA-126712490 State: Arkansas
 Filing Company: Kanawha Insurance Company State Tracking Number: 46414
 Company Tracking Number:
 TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
 Product Name: Individual Disability Income
 Project Name/Number: /

"You must give proof of the incapacity acceptable to Us (i) when the Dependent Child ceases to be an Eligible Dependent Child; and (ii) when asked for, but not more than once a year after the first 2 years."

Related Objection 1

Applies To:

- Individual Disability Income Policy, 80330 07/10 (Form)

Comment:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-85-131(b) and Bulletin 14-81.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Individual Disability Income Policy	80330 07/10		Policy/Contract/Fraternal Certificate	Revised		52.000	80330 07-10 AR - Indv DI Policy (PIC) - rev. 8-20-10.pdf

Previous Version

Individual Disability Income Policy	80330 07/10		Policy/Contract/Fraternal Certificate	Initial		52.000	80330 07-10 - Indv DI Policy (PIC) - generic - 8-5-10.pdf
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No Rate/Rule Schedule items changed.

<i>SERFF Tracking Number:</i>	<i>HUMA-126712490</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Kanawha Insurance Company</i>	<i>State Tracking Number:</i>	<i>46414</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H111 Individual Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H111.004 Other</i>
<i>Product Name:</i>	<i>Individual Disability Income</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Sincerely,
John Flood

SERFF Tracking Number: HUMA-126712490 State: Arkansas
Filing Company: Kanawha Insurance Company State Tracking Number: 46414
Company Tracking Number:
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
Product Name: Individual Disability Income
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 08/10/2010

Submitted Date 08/10/2010

Respond By Date

Dear John Flood,

This will acknowledge receipt of the captioned filing.

Objection 1

- Individual Disability Income Policy, 80330 07/10 (Form)
- Accidental Death And Dismemberment Rider, 80330 ADD RDR 07/10 (Form)
- Building Benefit Rider, 80330 BB RDR 07/10 (Form)
- Emergency Accident Rider, 80330 EA RDR 07/10 (Form)
- First Hospital Confinement Rider, 80330 FHC RDR 07/10 (Form)
- Hospital Indemnity Rider, 80330 HIN RDR 07/10 (Form)
- Hospital Injury Indemnity Rider, 80330 HII RDR 07/10 (Form)
- Specified Injury Rider, 80330 SI RDR 07/10 (Form)
- Outline of Coverage, 80330 OOC 07/10 (Form)
- Application, 1716 (07/10) (Form)
- Pre-existing Conditions Endorsement, 80330 PREX END 07/10 (Form)

Comment:

Our filing fees under Rule and Regulation 57 has been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$550.00. Please submit an additional \$500.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

SERFF Tracking Number: HUMA-126712490 State: Arkansas
Filing Company: Kanawha Insurance Company State Tracking Number: 46414
Company Tracking Number:
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
Product Name: Individual Disability Income
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 08/10/2010
Submitted Date 08/10/2010

Dear Rosalind Minor,

Comments:

Submitted the additional \$500 thru EFT. By the way, I reviewed the general instructions and the fee instructions still are not completely clear.

Response 1

Comments: Additional fees submitted.

Related Objection 1

Applies To:

- Individual Disability Income Policy, 80330 07/10 (Form)
- Accidental Death And Dismemberment Rider, 80330 ADD RDR 07/10 (Form)
- Building Benefit Rider, 80330 BB RDR 07/10 (Form)
- Emergency Accident Rider, 80330 EA RDR 07/10 (Form)
- First Hospital Confinement Rider, 80330 FHC RDR 07/10 (Form)
- Hospital Indemnity Rider, 80330 HIN RDR 07/10 (Form)
- Hospital Injury Indemnity Rider, 80330 HII RDR 07/10 (Form)
- Specified Injury Rider, 80330 SI RDR 07/10 (Form)
- Outline of Coverage, 80330 OOC 07/10 (Form)
- Application, 1716 (07/10) (Form)
- Pre-existing Conditions Endorsement, 80330 PREX END 07/10 (Form)

Comment:

Our filing fees under Rule and Regulation 57 has been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$550.00. Please submit an additional \$500.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

SERFF Tracking Number: *HUMA-126712490* *State:* *Arkansas*
Filing Company: *Kanawha Insurance Company* *State Tracking Number:* *46414*
Company Tracking Number:
TOI: *H111 Individual Health - Disability Income* *Sub-TOI:* *H111.004 Other*
Product Name: *Individual Disability Income*
Project Name/Number: /

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
John Flood

SERFF Tracking Number: HUMA-126712490 State: Arkansas
 Filing Company: Kanawha Insurance Company State Tracking Number: 46414
 Company Tracking Number:
 TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
 Product Name: Individual Disability Income
 Project Name/Number: /

Form Schedule

Lead Form Number: 80330 7/10

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 08/20/2010	80330 07/10	Policy/Cont ract/Fratern al	Individual Disability Income Policy Certificate	Revised	Replaced Form #: Previous Filing #:	52.000	80330 07-10 AR - Indv DI Policy (PIC) - rev. 8-20- 10.pdf
Approved- Closed 08/20/2010	80330 ADD RDR 07/10	Policy/Cont ract/Fratern al	Accidental Death And Dismemberment Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		57.000	80330 ADD RDR 07-10 - Accidental Death & Dismember Rider (PIC) - generic.pdf
Approved- Closed 08/20/2010	80330 BB RDR 07/10	Policy/Cont ract/Fratern al	Building Benefit Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		55.000	80330 BB RDR 07-10 - Building Benefit Rider (PIC) - generic - 7- 23-10.pdf
Approved- Closed 08/20/2010	80330 EA RDR 07/10	Policy/Cont ract/Fratern al	Emergency Accident Rider Certificate: Amendmen t, Insert Page, Endorseme	Initial		53.000	80330 EA RDR 07-10 - Emergency Accident Rider (PIC) - generic.pdf

SERFF Tracking Number: HUMA-126712490 State: Arkansas
Filing Company: Kanawha Insurance Company State Tracking Number: 46414
Company Tracking Number:
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
Product Name: Individual Disability Income
Project Name/Number: /

Approved- 80330 FHC Policy/Cont First Hospital	Initial	51.000	80330 FHC
Closed RDR 07/10 RDR 07/10	First Hospital		RDR 07-10 -
08/20/2010	First Hospital		First Hospital
	Certificate:		Confinement
	Amendment		Rider (PIC) -
	t, Insert		generic.pdf
	Page,		
	Endorsement		
	nt or Rider		
Approved- 80330 HIN Policy/Cont Hospital Indemnity	Initial	55.000	80330 HIN
Closed RDR 07/10 RDR 07/10	First Hospital		RDR 07-10 -
08/20/2010	First Hospital		Hospital
	Certificate:		Indemnity
	Amendment		Rider (PIC) -
	t, Insert		generic - 7-
	Page,		23-10.pdf
	Endorsement		
	nt or Rider		
Approved- 80330 HII Policy/Cont Hospital Injury	Initial	55.000	80330 HII
Closed RDR 07/10 RDR 07/10	First Hospital		RDR 07-10 -
08/20/2010	First Hospital		Hospital Injury
	Certificate:		Rider (PIC) -
	Amendment		generic - 7-
	t, Insert		23-10.pdf
	Page,		
	Endorsement		
	nt or Rider		
Approved- 80330 SI Policy/Cont Specified Injury Rider	Initial	58.000	80330 SI
Closed RDR 07/10 RDR 07/10	First Hospital		RDR 07-10 -
08/20/2010	First Hospital		Specified
	Certificate:		Injury Rider
	Amendment		(PIC) -
	t, Insert		generic - 7-
	Page,		29-10.pdf
	Endorsement		
	nt or Rider		
Approved- 80330 Outline of	Outline of Coverage	Initial	80330 OOC

SERFF Tracking Number:	HUMA-126712490	State:	Arkansas
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TOI:	H111 Individual Health - Disability Income	Sub-TOI:	H111.004 Other
Product Name:	Individual Disability Income		
Project Name/Number:	/		

Closed OOC 07/10 Coverage
08/20/2010

07-10 - Indv
DI Outline of
Coverage
(PIC) -
generic -8-5-
10.pdf
80330 PREX
END 07-10 -
PreX
Endorsement
(PIC) -
generic .pdf

Approved- 80330	Policy/Cont Pre-existing	Initial	40.000
Closed PREX END	ract/Fratern Conditions		
08/20/2010 07/10	al Endorsement		
	Certificate:		
	Amendmen		
	t, Insert		
	Page,		
	Endorseme		
	nt or Rider		
Approved- 1716	Application/ Application	Initial	51.000
Closed (07/10)	Enrollment		
08/20/2010	Form		

1716 7-10
Generic
Application
KIC.pdf

KANAWHA INSURANCE COMPANY

[210 SOUTH WHITE STREET, POST OFFICE BOX 610
LANCASTER, SC 29721-0610]
TELEPHONE [1-877-378-1505]

DISABILITY INCOME INSURANCE POLICY

This Policy is a legal contract between You and Kanawha Insurance Company ("Company").
PLEASE READ IT CAREFULLY.

The Company, subject to the terms of this Policy, will pay the benefits of this Policy to You upon receipt of due proof of Total Disability during the Policy period. The Company will also provide the other rights and benefits set forth in this Policy and any Riders attached hereto.

30 DAY RIGHT TO EXAMINE POLICY – If you decide You do not want this Policy for any reason, You can return it to Company, its agent or broker within 30 days after you receive it. When it is returned, it will be considered void as though it was never issued and any Premium paid will be refunded.

GUARANTEED RENEWABLE TO AGE 70 – This Policy is Guaranteed Renewable until the anniversary date of the Policy nearest Your Age 70 as long as You pay the Premiums when they are due. The Company can change Your Premium if the Premiums for all the Policies in the same Class are changed. You will be given at least 60 days notice before Your Premium is changed. Any increase or decrease in Premium will begin the next Premium due date after the 60-day notice is given.

NO RECOVERY FOR PRE-EXISTING CONDITIONS – No benefits will be provided during the first 12 months of this Policy for any Pre-existing Condition which first made itself known prior to the Date of Policy.

IMPORTANT NOTICE -- The Policy application may have been captured electronically or on paper. Please carefully review answers to questions on the Application to make sure they are answered correctly. The application is a part of this Policy and the Policy was issued on the basis that the answers to all questions and the information shown on the application are correct and complete. If an error exists, please notify Us within 30 days at Kanawha Insurance Company [P.O. Box 610, Lancaster, SC 29721-0610]. In the event you need to contact someone about this Policy for any reason, You may contact Us at the above address or by calling [800-635-4252].

Signed for the Company

[]

President

DISABILITY INCOME INSURANCE POLICY
Non-Participating

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Military Service.....	Page [9]
Termination.....	Page [9]
Eligibility and Addition of Persons.....	Page [10]
Conversion Privilege.....	Page [10]
General Provisions.....	Page [11]
Definitions.....	Page [13]

POLICY SCHEDULE

PRIMARY INSURED:	[John A. Doe]
INSURED DEPENDENTS:	[Jane A. Doe] [John A. Doe, Jr.]
PRIMARY INSURED ISSUE AGE:	[35]
POLICY NUMBER:	[1234567]
DATE OF POLICY:	[July 1, 2010]
FIRST ANNIVERSARY DATE:	[July 1, 2011]
ANNUAL PREMIUM:	[\$2,101.84]
MODE SELECTED AT ISSUE:	[Monthly]
MODE PREMIUM:	[\$166.82]

DESCRIPTION OF COVERAGE	BENEFIT AMOUNT	ANNUAL PREMIUM
[Disability due to an Injury for the Primary Insured Elimination Period: [0-365] Days Maximum Benefits Period: [3-24] Months Monthly Benefit for Disability: [\$100-\$5,000] Monthly Benefit when Benefit Reduction Applies: [\$50-\$2,500] [Monthly Benefit when paid in addition to Worker's Compensation] [\$50-\$5,000]]		[\$3.60-\$3180.00]
[Disability due to a Sickness for the Primary Insured Elimination Period: [7-365] Days Maximum Benefits Period: [3-24] Months Monthly Benefit for Disability: [\$100-\$5,000] Monthly Benefit when Benefit Reduction Applies: [\$50-\$2,500]]		[\$16.80-\$3150.00]
[Building Benefits Rider due to Injury for the Primary Insured Maximum Additional Benefit Period: [3-24] Months Monthly Benefit when Benefit Reduction Applies: [\$50-\$2,500]]	[\$100-\$5,000]	[\$0.12-\$54.00]
[Building Benefits Rider due to Sickness for the Primary Insured Maximum Additional Benefit Period: [3-24] Months Monthly Benefit when Benefit Reduction Applies: [\$50-\$2,500]]	[\$100-\$5,000]	[\$0.24-\$48.00]
[Emergency Accident Rider Benefit per Accident for Primary Insured Limited to 4 Accidents per Calendar Year [\$50-\$100] Benefit per Accident for Eligible Spouse Limited to 4 Accidents per Calendar Year [\$50-\$100] Benefit per Accident for all Eligible Dependent Children Limited to a total of 4 Accidents per Calendar Year [\$50-\$100]		[\$6.84-\$13.68] [\$6.84-\$13.68] [\$6.84-\$13.68]

[Accidental Death and Dismemberment Rider		
Benefit Amount for Primary Insured	[\$1,000-\$30,000]	[\$1.20 - \$36.00]
Benefit Amount for Eligible Spouse	[\$1,000-\$15,000]	[\$1.20 - \$18.00]
Benefit Amount for each Eligible Dependent Child	[\$1,000-\$5,000]	[\$1.20 - \$6.00]]
[Hospital Injury Indemnity Rider		
Daily Benefit for Primary Insured	[\$30-\$150]	[\$45.00 - \$225.00]
Daily Benefit for Eligible Spouse	[\$30-\$150]	[\$45.00 - \$225.00]
Daily Benefit for each Eligible Dependent Child	[\$30-\$150]	[\$27.00 - \$135.00]]]
[Hospital Indemnity Rider		
Daily Benefit for Primary Insured	[\$30-\$150]	[\$7.20 - \$36.00]]
Daily Benefit for Eligible Spouse	[\$30-\$150]	[\$7.20 - \$36.00]]
Daily Benefit for each Eligible Dependent Child	[\$30-\$150]	[\$5.40 - \$27.00]]]
[Specified Injury Benefit Rider		
Primary Insured	see Rider	[\$42.00]]
Eligible Spouse	see Rider	[\$21.00]]
Eligible Dependent Child(ren)	see Rider	[\$21.00]]]
[First Hospital Confinement Rider		
Primary Insured	see Rider	[\$150.00]]
Eligible Spouse	see Rider	[\$150.00]]
Eligible Dependent Child(ren)	see Rider	[\$84.00]]]

GENERAL AGREEMENT

We agreed to issue this Policy to You because:

- 1) You paid the first Premium; and
- 2) We relied on the answers in Your application.

The Policy covers only You. Any Riders cover You and the Insured Dependents shown on the Policy Schedule. The Riders, if any, also cover any person added as an Insured after the Date of Policy. Any changes to the Policy are shown by an Amendment, Endorsement or Rider incorporated into this Policy.

The first Policy term begins at 12:01 AM, Standard time on the Date of Policy at the place You live. It ends at 12:00 PM, Standard time at the place You live on the Policy Anniversary Date. You may then renew this Policy for the next term by paying Premiums when due. The renewal Premium for each term is due on the day the preceding term ends subject to the Grace Period.

PREMIUMS

All Premium due dates are determined from the Date of Policy. Premiums for this Policy are due in advance of the term they are to cover. You may pay Premiums on any billing mode We accept. The Policy will remain in force for the period in which Premiums are paid subject to the Grace Period.

Grace Period - This Policy has a 31-day grace period. This means that if a Premium (other than the first) is not paid on or before the date it is due, it must be paid during the next 31 days after it is due or coverage will end. During the grace period this Policy will stay in force.

Change in Premium Rate - We have the right to change Premiums at any time. If We do change the Premiums, We will do so only:

- 1) if We change the Premiums for all policies of this same form and issue age in Your state of issue; and
- 2) if it is within the laws and regulations of Your state of issue; and
- 3) if We give You 60 days notice in writing before such change becomes effective.

Any change in the Premium will be based on Your age and occupation class as of the Date of Policy.

Refund of Unearned Premium – Within 30 days of proof of death or cancellation of the Policy, We will refund any unearned Premium. Unearned Premium is any Premium paid for any period beyond the date of death or the date cancellation occurred. A certified copy of Your death certificate may be required.

Premium Payment Adjustment – When a claim is paid, any Premiums due and unpaid may be deducted from the claim payment.

Reinstatement – If a Premium is not paid before the Grace Period ends, this Policy will lapse. If We accept the Premium without requiring an application for reinstatement, this Policy will be reinstated. Once the Policy has lapsed, We require a reinstatement form or a new application to reinstate a Policy. If We approve the application, the Policy will be reinstated with a new Date of Policy. If We do not notify You that We have disapproved the reinstatement application, the Policy will be reinstated on the 45th day after the date We receive such application. The reinstated Policy will cover only losses that result from: (i) an Injury that occurs after the date of reinstatement; or (ii) a Sickness that starts more than 10 days after the date of reinstatement. In all other respects, Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy. After the reinstated Policy has been in force for 2 years from the date of reinstatement, We cannot cancel or deny benefits because of any misstatement, except fraudulent misstatements, made by You in the reinstatement application. Any Premiums We accept for a reinstatement will be applied to a period for which Premiums have not been paid. No Premiums will be applied to any period more than 60 days before the reinstatement date.

BENEFITS

[Injury Disability Benefit – We will pay the Monthly Benefit shown on the Policy Schedule for Disability (subject to the Benefit Reduction section) due to an Injury if:

- 1) Total Disability due to an Injury continues beyond the Elimination Period (the Elimination Period does not apply to a Presumptive Disability); and
- 2) The Injury: (a) occurred after Your Effective Date; (b) occurred while this Policy was in force; (c) was not subject to the Pre-Existing Conditions provision; and (d) was not specifically excluded by name or description in this Policy.

If Disability begins more than 60 days after an Injury, Disability will be considered to be the result of a Sickness. The Injury must occur while this Policy is in force.

Benefits will be payable until the earliest of the following:

- 1) The date You cease to be Totally Disabled (does not apply to Presumptive Disability);
- 2) The date You fail to provide satisfactory proof of continued Total Disability when requested;
- 3) The date You are outside of the United States, its possessions, or Canada (does not apply to a Presumptive Disability);
- 4) The date the Maximum Benefit Period ends; or
- 5) The date you die.

We will only pay up to the applicable Maximum Benefit Period for any one Disability. The Maximum Benefit Period At Age 65 may differ.]

[Sickness Disability Benefit – We will pay the Monthly Benefit shown on the Policy Schedule for Disability due to Sickness if:

- 1) Total Disability due to a Sickness continues beyond the Elimination Period (the Elimination Period does not apply to a Presumptive Disability); and
- 2) The Sickness (a) begins after Your Effective Date; (b) begins while this Policy is in force; (c) was not subject to the Pre-Existing Conditions provision; and (d) was not specifically excluded by name or description in this Policy.

If the Elimination Period of Total Disability due to a Sickness is [15] days or less, the Monthly Benefit for Disability due to a Sickness will begin the earlier of:

- 1) the first day of Hospital Confinement for the Sickness; or
- 2) the first day after the Elimination Period due to Sickness ends.

If Disability begins more than 60 days after an Injury, Disability will be considered to be the result of a Sickness. The Injury must occur while this Policy is in force.

Benefits will be payable until the earliest of the following:

- 1) the date You cease to be Totally Disabled (does not apply to a Presumptive Disability);
- 2) the date You fail to provide satisfactory proof of continued Total Disability when requested;
- 3) the date You are outside of the United States, its possessions, or Canada (does not apply to a Presumptive Disability);
- 4) the date the Maximum Benefit Period ends; or
- 5) the date You die.

We will only pay up to the applicable Maximum Benefit Period for any one Disability. The Maximum Benefit Period At Age 65 may differ.]

Benefit Reduction – Your Benefit may differ if You receive or are eligible to receive any Other Income. Other Income must be for the same period You are entitled to a Monthly Benefit for Disability due to an Injury. The Benefit You will receive is shown on the Policy Schedule as the Monthly Benefit When Benefit Reduction Applies.

We have the right to require reasonable proof of Other Income You receive or are eligible to receive during any month of Disability. We have the right to recover from You any amount of Benefits overpaid as a result of a retroactive award of Other Income Benefits.

Partial Disability Benefit – We will pay a Partial Disability Benefit if:

- 1) You have received Total Disability Benefits under this Policy for at least 2 consecutive months;
- 2) You are Partially Disabled the day following the date Total Disability ended;
- 3) Partial Disability is the result of the same Injury or Sickness which caused the Total Disability; and
- 4) Your earnings are not greater than 80% of Your Occupational Income.

The Partial Disability Benefit will be the lesser of:

- 1) 50% of the Monthly Benefit for Disability that You were eligible to receive during the prior month before Partial Disability began; or
- 2) The difference between Your current earnings and Your Occupational Income.

The Partial Disability Benefit will be payable for a maximum period of 3 months. The combined period of time Benefits are payable for Total Disability and Partial Disability will not exceed the Maximum Benefit Period. The Maximum Benefit Period At Age 65 may differ.

The Partial Disability Benefit will be paid until the earliest of:

- 1) the date You cease to be Partially Disabled;
- 2) the date You fail to provide satisfactory proof of continued Partial Disability when requested;
- 3) the date You are outside the United States, its possessions, or Canada (Limitations & Exclusions);
- 4) the date the Maximum Benefit Period ends;
- 5) 3 months;
- 6) The date Your earnings are greater than 80% of Your Occupational Income; or
- 7) The date You die.

We can require that You send Us appropriate financial records to prove Your income during the time You are Partially Disabled.

Maximum Benefit Period At Age 65 – The maximum Benefit Period for any new Disability that begins after age 65 will be the lesser of Your current Maximum Benefit Period or [12] months.

Total, Presumptive or Partial Disability Benefit for Part of a Month – If a Benefit is payable for less than a full month, We will pay one-thirtieth of the applicable Benefit for each day of Total, Presumptive or Partial Disability.

When a Recurrent Disability Becomes a New Disability – A Recurrent Disability will be treated as the same Disability unless the requirements of the paragraph below are met. This means the Elimination Period and Maximum Benefit Period for Disability in the Policy will not start over. Any Recurrent Disability caused by a Pre-existing Condition will be treated as the same Disability.

The only time a Recurrent Disability is treated as a new Total Disability is if You have returned to work for six months or more. During this time, You must work the lesser of (i) the same number of hours You

were working before the first Total Disability for the same or related condition; or (ii) Full-Time. The Elimination Period and Maximum Benefit Period will start over for a new Total Disability.

A Recurrent Disability caused by a Presumptive Disability will never be classified as a new Disability. It will always be considered as the same Disability even if the requirements of the above paragraph are met.

Concurrent Disability – We will pay benefits for only one Disability at a time even if it results from more than one cause. If Disability results from more than one cause, it will be considered the same Disability. You will be entitled to only one Benefit.

Survivor Benefit – If You die while receiving Disability Benefits for at least 6 consecutive months, We will pay a Survivor Benefit. [The Survivor Benefit due to an Injury will be a lump sum of 6 times the Disability Benefit You are eligible for the calendar month before death.] [The Survivor Benefit due to a Sickness will be a lump sum of \$1,000.] The Survivor Benefit will be paid to Your designated beneficiary or to Your estate if a beneficiary is not named.

Waiver of Premiums – After You have received Benefits for Total or Presumptive Disability for 90 consecutive days, We will waive future Premiums. We will waive the Premium as long as You are receiving Benefits for Total, Presumptive or Partial Disability. However, We will not waive Premiums beyond the Maximum Benefit Period.

LIMITATIONS & EXCLUSIONS

This Policy (including any Rider(s) attached) does not cover losses sustained while, caused by, contributed to, or resulting from:

- 1) being legally intoxicated as defined by state law where the loss occurred or being under the influence of any narcotic unless administered on the advice of a Physician;
- 2) Alcoholism or drug addiction;
- 3) Attempted suicide while sane or insane or intentionally self-inflicted Injury;
- 4) Mental or Emotional Disease or Disorders;
- 5) Being exposed to war or any act of war, declared or undeclared or while serving in the armed forces;
- 6) Engaging in any illegal activity;
- 7) Participation in any form of aviation other than as a fare-paying passenger in a fully licensed passenger carrying aircraft;
- 8) Voluntary inhalation of gas
- 9) Mountaineering, sky diving, hang gliding or bungee jumping;
- 10) Riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- 11) Conditions specifically excluded by amendment or endorsement; [or]
- 12) Any Pre-existing Conditions; [or]
- 13) Injuries or Sickness which are paid or payable under Workers' Compensation or occupational disease law, or that arises out of or in the course of a job or employment for pay or profit.]

This Policy (including any Rider(s) attached) does not pay Benefits for:

- 1) care that is primarily for rest, convalescence or rehabilitation;
- 2) treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of Sickness or Injury sustained while traveling for business or pleasure;
- 3) Total or Partial Disability while You are outside of the United States, its possessions or Canada;
- 4) Dental Treatment or plastic surgery for cosmetic purposes. This exclusion does not apply if the treatment or surgery is due to an Injury or to restore normal bodily functions;

- 5) Sickness or Injury covered under any Workers' Compensation or occupational disease law;
- 6) Total or Presumptive Disability that begins while not Actively At Work; or
- 7) Any period the Insured is incarcerated in any type of penal institution.

PRE-EXISTING CONDITIONS

This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not for any loss that occurs during the first 12 months beginning on the date the person becomes an Insured under this Policy or Rider. Any Disability resulting from a Pre-existing condition will not be covered if it begins during the first 12 months after the Effective Date. Refer to When a Recurrent Disability Becomes a New Disability section for a Recurrent Disability from a Pre-Existing condition.

Childbirth (including cesarean) within 10 months of the date the person becomes an Insured under this Policy or Rider will be considered a Pre-Existing Condition.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

MILITARY SERVICE

If You enter full time, active duty in the military service, You may suspend this Policy. However, You may not suspend the Policy during active military duty or training lasting three months or less. The Policy will not be in force while it is suspended, and You will not have to pay any Premiums. We need Your written request to suspend the Policy. We will refund the pro-rata portion of any Premium paid for a period beyond the date We receive Your request.

If Your full time active duty in military service ends before Your 65th birthday, You may place this Policy back in force without evidence of insurability. Your coverage will start again when We receive Your written request and You have paid the pro-rata Premium for coverage until the next Premium due date. We must receive Your request and Premium payment within 90 days after the date Your active duty service in the military ends. Premiums will be at the same rate they would have been had Your Policy remained in force. The Policy will not cover any loss due to Injury or Sickness that occurs while the Policy is suspended. In all other respects, You and Us will have the same rights under the Policy as before it was suspended.

If Your active duty ends after Your 65th birthday, this Policy cannot be reinstated.

TERMINATION

This Policy will end on the earliest of:

- 1) the date You fail to pay Premiums within the Grace Period;
- 2) the date You die;
- 3) the Policy Anniversary date after You turn age 70; or
- 4) the date You notify Us in writing to end this Policy.

All coverage under this Policy and any attached Rider(s) will terminate when this Policy ceases to be in force.

Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child or Eligible Spouse.

When an Insured Dependent's coverage ends, We will:

- 1) refund any Premium accepted for the period the Insured is not eligible;
- 2) consider any claim that began before the insurance ended; and

- 3) allow a conversion policy as set forth in the Conversion Privilege provision of this Policy.

ELIGIBILITY AND ADDITION OF PERSONS

THE DISABILITY INCOME COVERAGE IS FOR THE PRIMARY INSURED ONLY. Your Insured Dependents are only covered under any Riders attached to this Policy. Your spouse and any children who qualify as an Eligible Dependent Child or Eligible Spouse may be added to Riders attached to this Policy. To add a person (other than a newborn, foster or adopted child) to this Policy after the Date of Policy, You must:

- 1) make written application to Us;
- 2) furnish proof that the person is insurable by Our underwriting standards; and
- 3) pay the additional Premium due for that person. The first Premium for the person to be added will be determined from the effective date of his/her coverage. The person added will be subject to the Pre-Existing Conditions provision of the Policy commencing as of their coverage effective date.

Any newborn child born to You or adopted by You while this Policy is in force will be insured from the moment of birth for 60 days. A child placed with You for adoption after the Date of Policy will be covered for a period of 60 days from the date of the filing of a petition for adoption. A foster child placed with You after the Date of Policy shall automatically be covered for a period of 60 days from the date of placement and is subject to any Pre-Existing Conditions as defined in this Policy. Coverage and Benefits for the child on the Riders will be the same as those that are provided for Eligible Dependent Children.

The Pre-Existing Conditions provision of this Policy is waived for the newborn or adopted child. Coverage for a child placed for the purpose of adoption will end if the adoption is stopped prior to legal adoption.

To continue coverage for the newborn or adopted child beyond the 60-day period, You must notify Us in writing and pay the Premium, if any, for the child. The Premium, if any, must be paid within 60 days from the date of birth, placement or filing of a petition for adoption. Premiums, if any, for the child will be prorated to the next Premium due date of this Policy. If We are not notified and the required Premium, if any, is not paid within 60 days, the coverage for the child will end 60 days after the date of birth, placement or filing of a petition for adoption.

CONVERSION PRIVILEGE

When a Dependent Child ceases to be an Eligible Dependent Child, coverage can be converted to a new policy. We must receive a written application. The required Premium must be paid within 31 days after the date their coverage is to end. The new policy will:

- 1) be issued without evidence of insurability;
- 2) be a policy form We offer;
- 3) be most similar to but not greater than the Eligible Dependent's coverage in this Policy;
- 4) exclude any conditions that were excluded in this Policy for such Insured; and
- 5) cover Pre-Existing Conditions to the extent they are covered in this Policy.

Coverage under the new policy will begin on the next day after the date coverage for the Eligible Dependent Child ended under this Policy. The Premium will be based on the rates in effect for that person's age and state of residency at time of conversion.

If You die or if You and Your Eligible Spouse become Divorced, Your Eligible Spouse may convert their existing coverage to a new policy. Written application for the policy must be made to Us within 60 days

of your death or entry of the order of divorce. The required Premium must be paid within 60 days after the date this coverage is to end. The new policy will:

- 1) be issued without evidence of insurability;
- 2) be a policy form We offer;
- 3) be most similar to but not greater than the Eligible Spouse's coverage in this Policy;
- 4) exclude any conditions that were excluded in this Policy for such Insured; and
- 5) cover Pre-Existing Conditions to the extent they are covered in this Policy.

Coverage under the new policy will begin on the next day after the date coverage for the Eligible Spouse ended under this Policy. The Premium will be based on the rates in effect for that person's age and state of residency at time of conversion.

At the option of the Eligible Spouse, any Eligible Dependent Children covered under this Policy (for whom the Eligible Spouse has the obligation of support) may also be converted to the new policy. Said conversion is subject to the same conditions as the Eligible Spouse's conversion.

GENERAL PROVISIONS

Cancellation by the Primary Insured – You may cancel this Policy at any time by giving written notice to Us. We will cancel this Policy upon receipt of such notice or on a later date if specified in the notice. We will return any unearned Premium paid. The unearned Premium will be computed on a pro-rata basis. Cancellation will be without prejudice to any claim that began prior to the effective date of cancellation.

Change of Beneficiary – You may change Your beneficiary at any time by giving Us notice in writing. The consent of the beneficiary is not required for this or any other change to the Policy, unless the beneficiary is irrevocable.

Claim Forms – Upon receipt of a Notice of Claim, We will send You claim forms for filing Proof of Loss. If We do not send these forms to You within 15 days after You notify Us, you will have complied with Proof of Loss requirements if You give to Us within 90 days a written statement of the nature and extent of the loss. The written statement must include verification by a Physician that such Insured suffered a loss as defined in this Policy.

Conformity with State Statutes – Any provision of this Policy that on the Date of Policy is in conflict with the statutes of the state in which it was issued is amended to conform to the minimum requirements of such statutes.

Data Required – You agree to give Us all data and proof that We may reasonably need to administer this Policy.

Entire Contract – This Policy, application, and any riders, amendments and endorsements make up the entire contract between You and Us. In the absence of fraud, all statements made in any application are considered representations and not warranties. No such statement unless it is contained in the written application will void the Policy, reduce the Benefits or be used in defense of a claim.

Only Our officer may change this Policy in Whole or in part. No change will be valid unless it is made in writing, signed by such officer and attached to this Policy. No other person, including an agent, may change this Policy or waive any of its provisions.

Fraudulent Misstatements – If You make a fraudulent misstatement in the application for this Policy, We may deny any claim or void the Policy at any time.

Legal Action – No legal action may be brought to recover on this Policy until 60 days after You send Us written Proof of Loss. No such action may be brought after the expiration of the applicable statute of limitations from the time We require written Proof of Loss.

Misstatement of Age – If the age of an Insured was misstated on the application, the Benefits will be those that the Premium paid would have bought at the correct age. If an insured's age was overstated. We will refund any excess Premium if We are notified of this fact. Our liability will be limited to the refund of the Premium paid for the term not covered by the Policy if (i) as the result of the misstatement of age of an Insured, We accept Premiums for a term beyond the date the coverage would have ceased; or (ii) according to the correct age the coverage would not have become effective for any reason.

Notice of Claim – Written notice of claim must be given to Us within 90 days after a covered loss. If You cannot meet this deadline, You must give proof as soon as is reasonably possible. Notice can be given to Us at Our administrative office or any authorized agent of the Company. Notice should include the name of the Insured and this Policy number.

Non-Participating – This Policy is a non-participating policy. We will not pay dividends on this Policy.

Payment of Claims – Loss of life Benefits, if any, will be paid to the last designated beneficiary shown in Our records. If no beneficiary designation is then in effect, the Benefits will be paid to You or Your estate. All other Benefits will be paid to You. If any accrued Benefits payable to You are unpaid when You die, We may pay them to Your estate or to Your beneficiary. If Benefits are payable to Your estate or to a minor or other person not competent to give a valid release, We may pay such Benefit, up to \$1,000, to any relative by blood or marriage to You who deemed by Us as entitled to such Benefits. If we make a payment in good faith under this provision, We will be released from liability to the extent of payment.

Physical Examination and Autopsy – We can require an Insured to have an examination as often as necessary while a claim is pending. The examination may include (i) a functional capacity examination; (ii) psychiatric examination; or (iii) any tests that are reasonably necessary for the condition at such time. We reserve the right to select the examiner. We will pay for the examination. We can require an autopsy at Our expense in the event of an Insured's death, unless prohibited by the law of the state in which the Insured lived.

Proof of Loss – Written proof of loss must be furnished to Us within 90 days after the date of such loss. Failure to furnish such proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within such time. Proof must be sent as soon as reasonably possible and except in the absence of legal capacity, no later than 1 year from the time proof is otherwise required. We have the right to request records as may be reasonably necessary to determine if any Benefits are payable under this Policy.

Right to Review Records – We have the right to review any records that may apply to Your claim.

Time Limit on Certain Defenses – After the Policy has been in force for 2 years from the Effective Date, We cannot cancel or deny Benefits because of any misstatement, except for fraudulent misstatements made by You in the application for the Policy.

If a Rider is added after the Effective Date, We cannot cancel or deny Benefits because of a misstatement, except fraudulent misstatements made by You in the application after the Rider has been in force for 2 years from the Rider's effective date.

After the coverage has been in force beyond the Pre-Existing Conditions period, We will pay Benefits for any Pre-Existing Conditions not specifically excluded by name or description in the Policy, Rider or Endorsement.

Time Payment of Claims – We will pay the Benefits then due upon receipt of written Proof of Loss and Our approval of Your claim.

DEFINITIONS

Accident means accidental bodily injury sustained by the insured person which is the direct cause, independent of disease or bodily infirmity or any other cause and occurs while the insurance is in force.

Actively At Work or Active Employment or Employed means You are performing the normal duties of Your Regular Occupation or Any Occupation:

- On a Full-Time basis;
- At the employer's usual place of business; and
- You are not Partially Disabled.

You are deemed to be Actively at Work on each day of regular paid vacation or legal holiday if You:

- Are not Totally Disabled or Partially Disabled; and
- You are Actively at Work on the last working day before such vacation or legal holiday.

Alcoholism means a combination of symptoms including tolerance of, physical dependence on and pathological organ changes caused by alcohol consumption.

Any Occupation means a job, profession or activity for wages or profit that You are able to perform based on Your education, training and experience.

Benefit Period means the period of time for which Monthly Income Benefits are payable for disability due to the same cause. It starts on the day after the Elimination Period ends. It continues until the earliest of the following:

- the date You are no longer Totally Disabled;
- the end of the Benefit Period shown on the Schedule; or
- the date of Your death.

Calendar Year means the period starting January 1st and ending on December 31st.

Compensation means Your monthly salary, wages and/or commissions received from an employer.

Date of Policy means the date shown on the Policy Schedule or in an Endorsement to this Policy.

Dental Treatment means treatment of the teeth and/or periodontal area.

Dependent Child means a financially dependent child, stepchild, foster child or adopted child of the Primary Insured, named in the application, unless specifically excluded in any part of this Policy. Any newborn, foster or child placed with You for adoption after the Date of Policy is considered a Dependent Child.

Disability or Disabled means Total Disability or Presumptive Disability.

Drug Addiction means the use of a drug for a reason other than which it was intended or in a manner or in quantities other than directed by the prescribing Physician.

Effective Date means the date that coverage begins under the Policy.

Eligible Dependent Child(ren) means, unless specifically excluded in any part of this Policy,:

- (i) Your unmarried Dependent Child under age [19] who is chiefly dependent on you for support and maintenance; or (ii) Your unmarried Dependent Child under age [23] if he/she is a full-time student at an accredited school, college, or university and We are furnished proof of such enrollment; or (iii)

Your unmarried Dependent Child age [19] or over, who is chiefly dependent on You for support and maintenance if he/she is not able to support him/herself because of mental or physical incapacity. The burden of proof that such Dependent Child is and has continued to be incapacitated rests with You. You must give proof of the incapacity acceptable to Us (i) when the Dependent Child ceases to be an Eligible Dependent Child; and (ii) when asked for, but not more than once a year after the first 2 years.

Eligible Spouse means the person to whom you are legally married and listed on the Application, unless specifically excluded in any part of this Policy. Your spouse is no longer an eligible spouse on the date of death or the day a valid decree of divorce is effective.

Elimination Period means the number of days that You must be Totally Disabled before Benefits for Total or Partial Disability are payable.

If the elimination period is 30 days or greater (does not apply if the elimination period is less than 30 days), it will be considered continuous if the Insured returns to work for not more than a total of 4 days during the elimination period. The elimination period will be extended by one day for each day the Insured temporarily returns to work. Days of Partial Disability do not count toward the Elimination Period.

Benefits subject to the Elimination Period are shown on the Policy Schedule.

Full-Time means 27 or more hours per week.

Hospital means an accredited institution where people receive medical, surgical, or psychiatric treatment and nursing care.

Hospital Confinement means admission to a Hospital and confinement as a resident bed patient due to an Injury or Sickness. The confinement must be on the advice of a Physician and be Medically Necessary. Confinement to an emergency room, outpatient treatment room, or observation unit is not considered a hospital confinement.

Injury or Injured means bodily harm You sustain caused by an Accident which: (i) is independent of all other causes; (ii) is not specifically excluded by name or description in this Policy; (iii) is not caused or contributed to by Sickness; and (iv) occurs after the Effective Date and while this Policy is in force.

Insured means the Primary Insured and any covered dependents as shown in the Policy Schedule.

Material and Substantial Duties means those duties normally required for the performance of Your Regular Occupation that cannot be reasonably omitted or modified.

Maximum Benefit Period means the period of time for which a Benefit is payable. Maximum Benefit Periods are shown on the Policy Schedule.

After a Benefit is paid for its Maximum Benefit Period, that Benefit is not payable except as may be allowed by the Continuous or Successive Disabilities provision.

Medically Necessary means treatment, services or supplies necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based upon generally accepted medical standards.

Mental or Emotional Disease or Disorder means a condition so classified in the [Diagnostic and Statistical Manual of Mental Disorders (DSM)]. We will use the [DSM] most current as of the date of loss. If the [DSM] is discontinued or replaced, We will use published data that, in Our opinion, provides the most comparable information.

Mental or Emotional Disease or Disorder does not include any condition excluded from the coverage of this Policy by name or specific description.

Mental or Emotional Disease or Disorder does not include dementia, if caused by: (i) stroke; (ii) trauma; (iii) infection; or (iv) Alzheimer's disease.

Occupational Income means Your monthly rate of earnings from Your employment as of the day before the start of Total Disability. Occupational Income does not include: (i) overtime pay; (ii) bonuses; or (iii) extra compensation other than commissions. Occupational Income will include commissions averaged over: (i) the 12 calendar months ending the month before Total Disability began; or (ii) the number of full calendar months that You were employed before Total Disability began, if less than [12] months.

Other Income means periodic or lump-sum Benefits of the following when payable because You are disabled or retired: (i) Workers' Compensation; (ii) occupational disease law; (iii) State Disability Insurance; (iv) Social Security; (v) any pension plan of an employer; (vi) Railroad Retirement; (vii) any group disability benefit plan or policy of an employer; or (viii) any individual disability benefit insurance policy, if the premiums are paid by or through an employer. Other Income does not include increases in the above that occur after the start of the Your Elimination Period.

Part-Time means less than 27 hours per week.

Partial Disability or Partially Disabled means that because of a covered Sickness or Injury You are: (i) unable to perform at least one, but not all, of the Material and Substantial Duties of Your Regular Occupation or any other occupation on a Full-Time or Part-Time basis; or (ii) only able to perform all of the Material and Substantial Duties of Your Regular Occupation or Any Occupation on a Part-Time basis. You must be under the regular care of a Physician. This does not apply if the Physician tells Us and We agree that regular care is of no further benefit to You.

Physician means a medical doctor or other person recognized as a physician by law or regulation in the state where services are provided. The person must be licensed and practicing in the United States. Physician does not include: (i) You; (ii) a person related to You by blood or marriage; or (iii) a medical doctor or other person practicing outside of the United States.

Policy means the legal contract between You and Us. The Policy, Application(s), Policy Schedule(s) and any Riders, Amendments or Endorsements make up the entire agreement between You and Us.

Policy Anniversary Date means the day the Policy is initially issued and is yearly renewed.

Pre-Existing Condition means a condition for which a Physician prescribed, recommended or gave to the Insured during the [12] months before the Insured's Effective Date: (i) treatment; (ii) medical advice; (iii) consultation; (iv) diagnosis or diagnostic tests; or (v) medication.

Presumptive Disability means You suffer the total, permanent and irrecoverable loss of any of the following due to covered Injury or covered Sickness: (i) speech; or (ii) hearing in both ears; or (iii) the sight of both eyes entirely, irrecoverably and uncorrectable; or (iv) the use of both hands at or above the wrist joint; or (v) both feet at or above the ankle joint; or (vi) one hand at or above the wrist joint and one foot at or above the ankle joint. You must be Actively at Work when Presumptive Disability begins. Benefits for Presumptive Disability will not be paid if You are not Actively at Work when the disability begins. The ability to work will not matter. You are not required to be under the regular care of a Physician. Proof of the Presumptive Disability will be required.

Primary Insured means the person named as the primary insured on the Policy Schedule.

Recurrent Disability means Total and/or Partial Disability that: (i) is due to the same or related causes as a prior period of disability; (ii) follows a prior period for which a Monthly Benefit was paid; and (iii) occurs within [180] days after the end of a prior period for which a Monthly Benefit was paid.

Regular Occupation means Your usual job, profession or activity for wages, compensation or profit at the start of a Total Disability or Partial Disability covered by this Policy.

Sickness means an illness, disease or complication of pregnancy that (i) first makes itself known after the Effective Date and while this Policy is in force; (ii) does not result from Pre-existing Conditions as defined; and (iii) is not specifically excluded by name or description in this Policy. Benefits for a normal pregnancy are provided on the same basis as for any other Sickness.

[State Disability Insurance means the temporary disability insurance programs sponsored by California, Hawaii, New Jersey, New York, Rhode Island, Puerto Rico, or a political subdivision of the United States.]

Successive Disability means a Total and/or Partial Disability that is: (i) not due to the same or related causes as a prior period of disability; and (ii) separated from any prior period for which Monthly Benefits were paid by 30 consecutive days during which You are Actively at Work and not Partially Disabled.

Totally Disabled or Total Disability means, for the first [24] months of a disability You are: (i) unable to perform the substantial and material duties of Your Regular Occupation; (ii) not working in any other occupation; and (iii) under the care of a Physician for the disability. After [24] months of Total Disability, Totally Disabled means that You are: (i) unable to perform the duties of Any Occupation; and (ii) under the care of a Physician for the disability. We will not require care of a Physician when it is no longer needed for the sound medical care of the condition causing Total Disability.

United States or U.S. means the United States of America, including its states, territories and possessions.

We, Us, Our and Company all mean Kanawha Insurance Company.

You and Your mean the Primary Insured as shown on the Policy Schedule.

KANAWHA INSURANCE COMPANY

[210 SOUTH WHITE STREET, POST OFFICE BOX 610
LANCASTER, SC 29721-0610]
TELEPHONE [1-877-378-1505]

ACCIDENTAL DEATH AND DISMEMBERMENT RIDER

Rider Effective Date: _____
(if different than Date of Policy)

PLEASE READ THIS RIDER CAREFULLY.

This Rider is effective as the Date of Policy unless a different Rider Effective Date is shown above.

This Rider is made a part of the Policy to which it is attached. This Rider is issued in consideration of the application and receipt of the first Premium. All definitions, provisions, limitations and exclusions of the Policy apply to this Rider, except as modified by this Rider. Where there is a conflict between this Rider and the Policy, the provisions of this Rider will control.

BENEFITS

Accidental Death Benefit – If an Insured is Injured, which results in death within [90] days of the Injury, We will pay the Benefit Amount shown on the Policy Schedule for such Insured. In the event of Your death, such sum will be paid to Your designated beneficiary or to Your estate. If an Insured Dependent dies, the Benefit Amount will be paid to You.

If such death results from an Injury an Insured sustains while a fare-paying passenger in a common carrier, the amount payable will be twice the Benefit Amount shown on the Policy Schedule for such Insured. A "common carrier" is one licensed and operated exclusively to transport persons and charges a fare.

Accidental Dismemberment and Loss of Sight Benefit – We will pay the Benefit Amount shown on the Policy Schedule if an insured is Injured which, within [90] days results in the:

- 1) loss of sight of both eyes entirely, irrecoverably and uncorrectable;
- 2) severance of both hands at or above the wrist joint, or both feet at or above the ankle joint; or
- 3) severance of one hand at or above the wrist joint and one foot at or above the ankle joint.

We will pay [50%] of the Benefit Amount shown on the Policy Schedule if an Insured is Injured which, within [90] days results in the:

- 1) loss of the sight of one eye entirely, irrecoverable and uncorrectable; or
- 2) severance of one hand at or above the wrist joint or one foot at or above the ankle joint.

Limit on Payment Under this Rider – The total amount We will pay for all losses under this Rider will not exceed the Benefit Amount shown on the Policy Schedule. The only exception is if an Insured's death results from a common carrier accident, We will pay twice the Benefit Amount shown on the Policy Schedule for such Insured.

TERMINATION

This Rider ends on the earlier of the date:

- 1) Your coverage terminates under the Policy to which this Rider is attached;
- 2) Any Premium for this Rider is not paid before the end of the Grace Period; or
- 3) You give Us a written request to end this Rider.

Coverage for an Insured Dependent will end under this Rider on the earlier of: (i) the date this Rider ends; or (ii) when such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined by the Policy.

PREMIUMS

While this Rider is in force, Premiums are due based on the terms of the Policy to which this Rider is attached.

We reserve the right to change the Premiums for this Rider. We may change the Premiums if:

- 1) We change the Premiums for all riders of this same form and issue age in Your state of issue;
- 2) Such change complies with the laws and regulations of Your state of issue; and
- 3) We give you 60 days written notice before such change becomes effective.

Other than as stated above, this Rider shall not alter, waive or extend any other provisions of the Policy to which this Rider is attached.

Signed for the Company

[]

[President]

KANAWHA INSURANCE COMPANY

[210 SOUTH WHITE STREET, POST OFFICE BOX 610
LANCASTER, SC 29721-0610]
TELEPHONE [1-877-378-1505]

BUILDING BENEFIT RIDER

Rider Effective Date: _____
(if different than Date of Policy)

PLEASE READ THIS RIDER CAREFULLY.

This Rider is effective as the Date of Policy unless a different Rider Effective Date is shown above.

This Rider is made a part of the Policy to which it is attached. This Rider is issued in consideration of the application and receipt of the first Premium. All definitions, provisions, limitations and exclusions of the Policy apply to this Rider, except as modified by this Rider. Where there is a conflict between this Rider and the Policy, the provisions of this Rider will control.

DEFINITIONS

Policy Year(s) means the number of yearly anniversaries from the Date of Policy.

BENEFITS

The Maximum Benefit Period increases based upon the number of years that the Policy is in force as shown in the tables shown below. The Maximum Benefit Period will not change during the time You are receiving Benefits for Disability.

The Maximum Benefit Period shown on the Policy Schedule will determine which of the following tables applies:

If the Maximum Benefit Period on the Policy Schedule is [3-12] months, then Your new Maximum Benefit Period is:

<u>Policy Year(s)</u>	<u>Maximum Benefit Period</u>
0	[3-12] months
1	[3-12] months
2	[3-12] months
3-4	[3-12] months
5+	[3-12] months

If the Maximum Benefit Period on the Policy Schedule is [3-12] months, then Your new Maximum Benefit Period is:

<u>Policy Year(s)</u>	<u>Maximum Benefit Period</u>
0	[3-12] months
1	[4-13] months
2	[5-14] months
3-4	[6-15] months
5+	[7-16] months

If the Maximum Benefit Period on the Policy Schedule is [12-24] months, then Your new Maximum Benefit Period is:

<u>Policy Year(s)</u>	<u>Maximum Benefit Period</u>
0	[12-24] months
1	[13-26] months
2	[14-28] months
3-4	[15-30] months
5+	[16-36] months

TERMINATION

This Rider ends on the earlier of the date:

- 1) Your coverage terminates under the Policy to which this Rider is attached;
- 2) Any Premium for this Rider is not paid before the end of the Grace Period; or
- 3) You give Us a written request to end this Rider.

Coverage for an Insured Dependent will end under this Rider on the earlier of: (i) the date this Rider ends; or (ii) when such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined by the Policy.

PREMIUMS

While this Rider is in force, Premiums are due based on the terms of the Policy to which this Rider is attached.

We reserve the right to change the Premiums for this Rider. We may change the Premiums if:

- 1) We change the Premiums for all riders of this same form and issue age in Your state of issue;
- 2) Such change complies with the laws and regulations of Your state of issue; and
- 3) We give you 60 days written notice before such change becomes effective.

Other than as stated above, this Rider shall not alter, waive or extend any other provisions of the Policy to which this Rider is attached.

Signed for the Company

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[President]

KANAWHA INSURANCE COMPANY

[210 SOUTH WHITE STREET, POST OFFICE BOX 610
LANCASTER, SC 29721-0610]
TELEPHONE [1-877-378-1505]

EMERGENCY ACCIDENT RIDER

Rider Effective Date: _____
(if different than Date of Policy)

PLEASE READ THIS RIDER CAREFULLY.

This Rider is effective as the Date of Policy unless a different Rider Effective Date is shown above.

This Rider is made a part of the Policy to which it is attached. This Rider is issued in consideration of the application and receipt of the first Premium. All definitions, provisions, limitations and exclusions of the Policy apply to this Rider, except as modified by this Rider. Where there is a conflict between this Rider and the Policy, the provisions of this Rider will control.

DEFINITIONS

Emergency Care means medical treatment for an Injury demanding immediate attention.

BENEFITS

If an Insured is Injured and requires Emergency Care by a Physician, We will pay the Benefit Amount shown on the Policy Schedule for such Insured. The treatment must be:

- 1) rendered in an emergency room of a Hospital or in a Physician's office; and
- 2) received within 72 hours of the Injury.

This Rider pays a Benefit Amount for only one Emergency Care treatment per Injury. No Benefit Amounts are paid for any other Emergency Care treatments for the same Injury. The Benefit Amount shown on the Policy Schedule for Eligible Dependent Children is for all Eligible Dependent Children and not for each covered child.

TERMINATION

This Rider ends on the earlier of the date:

- 1) Your coverage terminates under the Policy to which this Rider is attached;
- 2) Any Premium for this Rider is not paid before the end of the Grace Period; or
- 3) You give Us a written request to end this Rider.

Coverage for an Insured Dependent will end under this Rider on the earlier of: (i) the date this Rider ends; or (ii) when such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined by the Policy.

PREMIUMS

While this Rider is in force, Premiums are due based on the terms of the Policy to which this Rider is attached.

We reserve the right to change the Premiums for this Rider. We may change the Premiums if:

- 1) We change the Premiums for all riders of this same form and issue age in Your state of issue;
- 2) Such change complies with the laws and regulations of Your state of issue; and
- 3) We give you 60 days written notice before such change becomes effective.

Other than as stated above, this Rider shall not alter, waive or extend any other provisions of the Policy to which this Rider is attached.

Signed for the Company

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[President]

KANAWHA INSURANCE COMPANY

[210 SOUTH WHITE STREET, POST OFFICE BOX 610
LANCASTER, SC 29721-0610]
TELEPHONE [1-877-378-1505]

FIRST HOSPITAL CONFINEMENT RIDER

Rider Effective Date: _____
(if different than Date of Policy)

PLEASE READ THIS RIDER CAREFULLY.

This Rider is effective as the Date of Policy unless a different Rider Effective Date is shown above.

This Rider is made a part of the Policy to which it is attached. This Rider is issued in consideration of the application and receipt of the first Premium. All definitions, provisions, limitations and exclusions of the Policy apply to this Rider, except as modified by this Rider. Where there is a conflict between this Rider and the Policy, the provisions of this Rider will control.

DEFINITIONS

First Hospital Confinement means the first Period of Confinement in a Calendar Year for an Insured. No other Period of Confinement during a Calendar Year will be considered a First Hospital Confinement.

Period of Confinement means one continuous Hospital Confinement or several Hospital Confinements for the same or a related cause, which are separated by less than [60] days. Each Hospital Confinement must begin while this Rider is in force for the Insured.

BENEFITS

We will pay the Benefit Amount for an Insured's First Hospital Confinement. Before Benefits are payable, the Hospital Confinement must (i) be due to Injury or Sickness; (ii) begin while this Rider is in force for the Insured; and (iii) be at the direction of and under the supervision of a Physician.

The Benefit Amount is listed on the Schedule in this Rider. The Benefit Amount will be the amount next to the total number of days of Hospital Confinement during the Period of Confinement. Benefits for the Rider will be limited to the First Hospital Confinement each Calendar Year for each Insured. The Benefit Amount is not a cumulative benefit and will not exceed [\$5,000] for each Insured per Calendar Year.

SCHEDULE

<u>Total Days of Hospital Confinement</u>	<u>Benefit Amount</u>
1	[\$500]
2	[\$1,000]
3	[\$2,000]
4	[\$3,000]
5	[\$4,000]
6	[\$5,000]

TERMINATION

This Rider ends on the earlier of the date:

- 1) Your coverage terminates under the Policy to which this Rider is attached;
- 2) Any Premium for this Rider is not paid before the end of the Grace Period; or
- 3) You give Us a written request to end this Rider.

Coverage for an Insured Dependent will end under this Rider on the earlier of: (i) the date this Rider ends; or (ii) when such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined by the Policy.

PREMIUMS

While this Rider is in force, Premiums are due based on the terms of the Policy to which this Rider is attached.

We reserve the right to change the Premiums for this Rider. We may change the Premiums if:

- 1) We change the Premiums for all riders of this same form and issue age in Your state of issue;
- 2) Such change complies with the laws and regulations of Your state of issue; and
- 3) We give you 60 days written notice before such change becomes effective.

Other than as stated above, this Rider shall not alter, waive or extend any other provisions of the Policy to which this Rider is attached.

Signed for the Company

[]

[President]

KANAWHA INSURANCE COMPANY

[210 SOUTH WHITE STREET, POST OFFICE BOX 610
LANCASTER, SC 29721-0610]
TELEPHONE [1-877-378-1505]

HOSPITAL INDEMNITY RIDER

Rider Effective Date: _____
(if different than Date of Policy)

PLEASE READ THIS RIDER CAREFULLY.

This Rider is effective as the Date of Policy unless a different Rider Effective Date is shown above.

This Rider is made a part of the Policy to which it is attached. This Rider is issued in consideration of the application and receipt of the first Premium. All definitions, provisions, limitations and exclusions of the Policy apply to this Rider, except as modified by this Rider. Where there is a conflict between this Rider and the Policy, the provisions of this Rider will control.

DEFINITIONS

Period of Confinement means one continuous Hospital Confinement or several Hospital Confinements for the same or a related cause, which are separated by less than 60 days. Each Hospital Confinement must begin while this Rider is in force for the Insured.

BENEFITS

For the Hospital Indemnity Benefit Amount to be payable, the Hospital Confinement must:

- 1) begin while this Rider is in force for the Insured;
- 2) be at the direction and supervision of a Physician; and
- 3) be for treatment of an Injury or Sickness.

The Benefit Amount is the amount shown on the Policy Schedule of the Policy to which this Rider is attached. The maximum number of days that We will pay during a Period of Confinement is 365.

TERMINATION

This Rider ends on the earlier of the date:

- 1) Your coverage terminates under the Policy to which this Rider is attached;
- 2) Any Premium for this Rider is not paid before the end of the Grace Period; or
- 3) You give Us a written request to end this Rider.

Coverage for an Insured Dependent will end under this Rider on the earlier of: (i) the date this Rider ends; or (ii) when such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined by the Policy.

PREMIUMS

While this Rider is in force, Premiums are due based on the terms of the Policy to which this Rider is attached.

We reserve the right to change the Premiums for this Rider. We may change the Premiums if:

- 1) We change the Premiums for all riders of this same form and issue age in Your state of issue;
- 2) Such change complies with the laws and regulations of Your state of issue; and
- 3) We give you 60 days written notice before such change becomes effective.

Other than as stated above, this Rider shall not alter, waive or extend any other provisions of the Policy to which this Rider is attached.

Signed for the Company

[]

[President]

KANAWHA INSURANCE COMPANY

[210 SOUTH WHITE STREET, POST OFFICE BOX 610
LANCASTER, SC 29721-0610]
TELEPHONE [1-877-378-1505]

HOSPITAL INJURY INDEMNITY RIDER

Rider Effective Date: _____
(if different than Date of Policy)

PLEASE READ THIS RIDER CAREFULLY.

This Rider is effective as the Date of Policy unless a different Rider Effective Date is shown above.

This Rider is made a part of the Policy to which it is attached. This Rider is issued in consideration of the application and receipt of the first Premium. All definitions, provisions, limitations and exclusions of the Policy apply to this Rider, except as modified by this Rider. Where there is a conflict between this Rider and the Policy, the provisions of this Rider will control.

DEFINITIONS

Period of Confinement means one continuous Hospital Confinement or several Hospital Confinements for the same or a related cause, which are separated by less than 60 days. Each Hospital Confinement must begin while this Rider is in force for the Insured.

BENEFITS

For the Hospital Injury Indemnity Benefit Amount to be payable, the Hospital Confinement must:

- 1) begin while this Rider is in force for the Insured;
- 2) be at the direction and supervision of a Physician; and
- 3) be for treatment of an Injury.

The Benefit Amount is the amount shown on the Policy Schedule of the Policy to which this Rider is attached. The maximum number of days that We will pay during a Period of Confinement is 365.

TERMINATION

This Rider ends on the earlier of the date:

- 1) Your coverage terminates under the Policy to which this Rider is attached;
- 2) Any Premium for this Rider is not paid before the end of the Grace Period; or
- 3) You give Us a written request to end this Rider.

Coverage for an Insured Dependent will end under this Rider on the earlier of: (i) the date this Rider ends; or (ii) when such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined by the Policy.

PREMIUMS

While this Rider is in force, Premiums are due based on the terms of the Policy to which this Rider is attached.

We reserve the right to change the Premiums for this Rider. We may change the Premiums if:

- 1) We change the Premiums for all riders of this same form and issue age in Your state of issue;
- 2) Such change complies with the laws and regulations of Your state of issue; and
- 3) We give you 60 days written notice before such change becomes effective.

Other than as stated above, this Rider shall not alter, waive or extend any other provisions of the Policy to which this Rider is attached.

Signed for the Company

[]

[President]

KANAWHA INSURANCE COMPANY

[210 SOUTH WHITE STREET, POST OFFICE BOX 610
LANCASTER, SC 29721-0610]
TELEPHONE [1-877-378-1505]

SPECIFIED INJURY RIDER

Rider Effective Date: _____
(if different than Date of Policy)

PLEASE READ THIS RIDER CAREFULLY.

This Rider is effective as the Date of Policy unless a different Rider Effective Date is shown above.

This Rider is made a part of the Policy to which it is attached. This Rider is issued in consideration of the application and receipt of the first Premium. All definitions, provisions, limitations and exclusions of the Policy apply to this Rider, except as modified by this Rider. Where there is a conflict between this Rider and the Policy, the provisions of this Rider will control.

DEFINITIONS

Anesthesia means local or general anesthesia.

BENEFITS

Appliance

We will pay this Benefit if an Insured is Injured and required to use an appliance as a result of the Injury. The appliance must be used to help the Insured move around and may not be used for treatment of the Injury. Dental appliances or orthodontia are not covered. A Physician must advise the use of an appliance, and the Insured must begin using it within 90 days after the Injury. We will pay this Benefit for each Injury.

\$25.00

Ambulance

We will pay this Benefit if an Insured is Injured and requires transportation to a Hospital. The Insured must be transported by a professional ambulance service within 90 days after the Injury. We will pay this Benefit for each Injury.

\$25.00

Blood/Plasma

We will pay this Benefit if an Insured is Injured and requires blood/plasma. The Insured must receive the blood/plasma within 90 days after the Injury. We will pay this Benefit for each Injury.

\$50.00

Burns

We will pay this Benefit if an Insured received burns in an Injury. The burns must be second degree burns that cover at least 36% of the body surface or third degree burns that cover at least 9 square inches of the body surface. A Physician must treat the Insured within 72 hours after the Injury. We will pay this Benefit for each Injury.

\$600.00

Dislocation (Separated Joint)

We will pay this Benefit if an Insured receives a dislocation due to an Injury. A dislocation is a completely separated joint. A Physician must diagnose it as a dislocation within 90 days after the Injury. The dislocation must require correction by a Physician with the use of Anesthesia. It can be corrected by open or closed reduction. We will pay the Benefit shown in the schedule below for the joint involved.

If any Insured receives more than one dislocation in an Injury, and they require open or closed reduction We will pay no more than 150% of the Benefit for the joint involved which has the highest benefit amount.

If the dislocation requires reduction by a Physician without the use of Anesthesia, We will pay 25% of the Benefit shown for the joint involved.

If a Physician diagnoses the dislocation as an incomplete dislocation, We will pay 25% of the Benefit shown for the joint involved. An incomplete dislocation is a dislocation in which the joint is not completely separated.

If an Insured receives a fracture and a dislocation in the same Injury, We will pay for both. However, we will pay no more than 150% of the Benefit for the bone or joint involved which has the highest benefit amount.

BENEFIT AMOUNT

JOINT	Primary Insured	Insured Dependent Spouse	Insured Dependent Child
Hip	\$1,500	\$1,000	\$450
Knee (except Patella)	\$1,100	\$750	\$325
Shoulder			
Glenohumeral	\$800	\$550	\$225
Collar Bone			
Sternoclavicular	\$800	\$550	\$225
Acromioclavicular	\$720	\$480	\$225
Acromioclavicular Separation	\$720	\$480	\$225
Ankle – bone or bones of the foot (other than toes)	\$660	\$440	\$200
Hand – bone or bones of the hand (other than fingers)	\$600	\$400	\$175
Lower Jaw	\$500	\$350	\$150
Wrist	\$450	\$300	\$125
Elbow	\$325	\$225	\$100
One Toe or Finger	\$150	\$100	\$40

Eye Injury

We will pay this Benefit if an Insured receives an eye Injury. It must require surgery with the use of Anesthesia. An exam with the use of Anesthesia will not be considered surgery. A Physician must perform the surgery within 90 days after the Injury. We will pay this Benefit for each Injury.

\$100.00

Fracture (Broken Bone)

We will pay this Benefit if an Insured receives a fracture in an Injury. A fracture is a break in a bone, which can be seen by x-ray. A Physician must diagnose it as a fracture within 90 days after the Injury. The fracture must require correction by a Physician. It can be corrected by open or closed reduction. We will pay the Benefit shown in the schedule below for the bone involved.

If an Insured receives more than one fracture in an Injury, and requires open or closed reduction, We will pay no more than 150% of the Benefit for the bone involved which has the highest benefit amount.

If a Physician diagnoses the fracture as a chip fracture, We will pay 10% of the Benefit shown for the bone involved.

If the Insured receives a fracture and a dislocation in the same Injury, We will pay for both. However, We will pay no more than 150% of the Benefit for the bone or joint involved which has the highest benefit amount.

BENEFIT AMOUNT

BONE	Primary Insured	Insured Dependent Spouse	Insured Dependent Child
Hip, Thigh (Femur)	\$1,800	\$1,200	\$500
Vertebrae, Body of (except Vertebral Processes)	\$1,600	\$1,000	\$450
Pelvis (includes Ilium, Ischium, Pubis Acetabulum except Coccyx)	\$1,400	\$950	\$375
Skull (except bones of the Face or Nose)			
Simple non-reduction Skull fracture	\$600	\$400	\$175
Depressed Skull fracture	\$1,350	\$900	\$375
Leg (Tibia and/or Fibula)	\$1,100	\$750	\$300
Forearm (Radius and/or Ulna)	\$900	\$600	\$250
Hand or Wrist (except Finger)			
Foot (except Toes), Ankle, Kneecap (Patella)	\$900	\$600	\$250
Lower Jaw, Mandible (except Alveolar Process)	\$720	\$480	\$200
Shoulder Blade (Scapula), Collar Bone (Clavicle, Sternum)	\$720	\$480	\$200
Arm, between Elbow and Shoulder (Humerus)	\$630	\$420	\$175
Upper Jaw, Maxilla (except Alveolar Process)	\$630	\$420	\$175
Bones of Face or Nose (except Mandible or Maxilla)	\$550	\$375	\$150
Vertebral Processes – Transverse, Spinous, etc.	\$350	\$250	\$100
Coccyx, one Rib, Finger, Toe	\$150	\$100	\$40

Ruptured Disk

We will pay this Benefit if an Insured receives a ruptured disk in an Injury. A Physician must treat it within 90 days after the Injury. A Physician must repair it with surgery within one year after Injury. We will pay one of these benefits for each Injury. The Benefit we pay will be based on when the Injury occurs.

Injury which occurs less than one year after the Effective Date of this Rider	\$100.00
Injury which occurs one year or more after the Effective Date of this Rider	\$400.00

Tendon/Ligament

We will pay this Benefit if an Insured receives an Injury to a tendon/ligament. It must be torn, ruptured or severed. A Physician must repair it with surgery within 90 days after the Injury. We will pay one of these Benefits for each Injury. The Benefit We pay will be based on the number of tendons/ligaments repaired as the result of each Injury.

Repair of one tendon or ligament	\$500.00
Repair of all tendons or ligaments if more than one	\$750.00

If the Insured is Injured and receives a fracture or a dislocation and tears, ruptures or severs a tendon-ligament, We will pay only one Benefit. We will pay the largest of the appropriate Tendon/Ligament, Fracture or Dislocation Benefit.

Torn Knee Cartilage

We will pay this Benefit if an Insured receives a torn knee cartilage (meniscus) in an Injury. A Physician must treat it within 90 days after the Injury. A Physician must repair it with surgery within one year after the Injury. We will pay one of these Benefits for each Injury. The Benefit We pay will be based on when the Injury occurs.

Injury which occurs less than one year after the Effective Date of this Rider	\$100.00
Injury which occurs one year or more after the Effective Date of this Rider	\$400.00

Gunshot Wound

We will pay this Benefit if You are Injured by a gunshot wound and You did not intentionally shoot Yourself. It must be caused by a shot from a conventional firearm. A conventional firearm is a weapon which fires a shot (bullet) by gun powder or compressed gas. It must require treatment by a Physician, including a Hospital Confinement, within 24 hours and surgery within 72 hours after the Injury. After all of these things occur, We will pay this Benefit for each Injury.

\$1,000.00

If You are shot more than once in a 24-hour period, We will pay Benefits only for the first wound.

If You receive a fracture or a dislocation as the result of the same gunshot wound accident, We will pay the Benefit shown above for the gunshot wound plus 50% of the Fracture Benefit or the Dislocation Benefit shown in this Rider for the bone or joint involved. However, We will not pay more than \$2,000 total for each Injury involving a combination of a gunshot wound with a fracture or a dislocation.

LIMITATIONS AND EXCLUSIONS

For purposes of this Rider, the following limitations and exclusions are in addition to the Limitations and Exclusions contained in the Policy:

- 1) riding or driving in any motor-driven vehicle in a race, stunt show or speed test;
- 2) driving a car or any other licensed vehicle on a highway without a valid operator's license;
- 3) mountaineering, sky diving, hang gliding or bungee jumping; or
- 4) practicing for or participating in any high school, college, semi-professional or professional competitive athletic contest. This does not include intramural sports.

Sickness is not covered under this Rider.

TERMINATION

This Rider ends on the earlier of the date:

- 1) Your coverage terminates under the Policy to which this Rider is attached;
- 2) Any Premium for this Rider is not paid before the end of the Grace Period; or
- 3) You give Us a written request to end this Rider.

Coverage for an Insured Dependent will end under this Rider on the earlier of: (i) the date this Rider ends; or (ii) when such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined by the Policy.

PREMIUMS

While this Rider is in force, Premiums are due based on the terms of the Policy to which this Rider is attached.

We reserve the right to change the Premiums for this Rider. We may change the Premiums if:

- 1) We change the Premiums for all riders of this same form and issue age in Your state of issue;
- 2) Such change complies with the laws and regulations of Your state of issue; and
- 3) We give you 60 days written notice before such change becomes effective.

Other than as stated above, this Rider shall not alter, waive or extend any other provisions of the Policy to which this Rider is attached.

Signed for the Company

[]

[President]

KANAWHA INSURANCE COMPANY

[210 SOUTH WHITE STREET, POST OFFICE BOX 610
LANCASTER, SC 29721-0610]
TELEPHONE [1-877-378-1505]

DISABILITY INCOME INSURANCE POLICY FORM 80330 OUTLINE OF COVERAGE

**DISABILITY RESULTING FROM A PRE-EXISTING CONDITION
WILL NOT BE COVERED IF IT BEGINS DURING THE FIRST [12]
MONTHS AFTER THE EFFECTIVE DATE.**

(Retain This For Your Records)

READ YOUR POLICY CAREFULLY. This Outline of coverage provides a very brief description of the important features of Your Policy. This is not the insurance contract. Only the actual Policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both You and Your insurance company. It is, therefore, important that You READ YOUR POLICY CAREFULLY.

RENEWABILITY. This Policy is guaranteed renewable to age 70. You may renew this Policy until the Policy Anniversary date on or after Your 70th birthday if You pay the Premium when due or within the Grace Period.

DISABILITY INCOME COVERAGE. Your Policy is designed to provide coverage for disabilities that result from covered [Injuries] [or] [covered Sicknesses] subject to any limitations in Your Policy. It does not provide coverage for basic hospital, basic medical-surgical or major medical expenses unless added by Rider.

POLICY BENEFITS

[Disability due to an Injury for the Primary Insured]

Elimination Period:	[0-365] Days	
Maximum Benefits Period:	[3-24] Months	
Monthly Benefit for Disability:		[\$100-\$5,000]
Monthly Benefit when Benefit Reduction Applies:		[\$50-\$2,500]
[Monthly Benefit when paid in addition to Worker's Compensation]		[\$50-\$5,000]]

[Disability due to a Sickness for the Primary Insured]

Elimination Period:	[7-365] Days	
Maximum Benefits Period:	[3-24] Months	
Monthly Benefit for Disability:		[\$100-\$5,000]
Monthly Benefit when Benefit Reduction Applies:		[\$50-\$2,500]]

Disability Benefit – All Benefits are subject to the terms of the Policy. [We will pay You the Monthly Benefit for Disability if You are disabled due to a covered Injury.] This Benefit may be subject to the Benefit Reduction. [We will pay You the Monthly Benefit for Disability if You are disabled due to a covered Sickness]. Total Disability must continue beyond the Elimination Period for Benefits to be paid. Benefits are not paid during the Elimination Period.

Benefits will be payable until the earliest of the following:

- 1) the date You cease to be Totally Disabled (does not apply to Presumptive Disability);
- 2) the date You fail to provide satisfactory proof of continued Total Disability when requested;
- 3) the date You are outside of the United States, its possessions, or Canada (does not apply to a Presumptive Disability);
- 4) the date the maximum Benefit Period ends; or
- 5) the date You die.

We will only pay up to the applicable Maximum Benefit Period for any one Disability. The Maximum Benefit Period At Age 65 may differ.

We will pay a Partial Disability Benefit if:

- 1) You have received Total Disability Benefits under this Policy for at least 2 consecutive months;
- 2) You are Partially Disabled the day following the date Total Disability ended;
- 3) Partial Disability is the result of the same Injury or Sickness which caused the Total Disability; and
- 4) Your earnings are not greater than 80% of Your Occupational Income.

The Partial Disability Benefit will be the lesser of:

- 1) 50% of the Monthly Benefit for Disability that You were eligible to receive during the prior month before Partial Disability began; or
- 2) The difference between Your current earnings and Your Occupational Income.

The Partial Disability Benefit will be payable for a maximum period of 3 months. The combined period of time Benefits are payable for Total Disability and Partial Disability will not exceed the Maximum Benefit Period. The Maximum Benefit Period At Age 65 may differ.

The Partial Disability Benefit will be paid until the earliest of:

- 1) the date You cease to be Partially Disabled;
- 2) the date You fail to provide satisfactory proof of continued Partial Disability when requested;
- 3) the date You are outside the United States, its possessions, or Canada (Limitations & Exclusions);
- 4) the date the Maximum Benefit Period ends;
- 5) 3 months;
- 6) The date Your earnings are greater than 80% of Your Occupational Income; or
- 7) The date You die.

Benefit Reduction – Your Benefit may differ if You receive or are eligible to receive any Other Income. Other Income must be for the same period You are entitled to a Monthly Benefit for

Disability due to an Injury. The Benefit You will receive is shown on the Policy Schedule as the Monthly Benefit When Benefit Reduction Applies.

Maximum Benefit Period At Age 65 – The maximum Benefit Period for any new Disability that begins after age 65 will be the lesser of Your current Maximum Benefit Period or [12] months.

Survivor Benefit – If You die while receiving Disability Benefits for at least [6] consecutive months, We will pay a Survivor Benefit. [The Survivor Benefit due to an Injury will be a lump sum of [6] times the Disability Benefit You are eligible for the calendar month before death.] [The Survivor Benefit due to a Sickness will be a lump sum of [\$1,000].] The Survivor Benefit will be paid to Your designated beneficiary or to Your estate if a beneficiary is not named.

Waiver of Premiums – After You have received Benefits for Total or Presumptive Disability for [90] consecutive days, We will waive future Premiums. We will waive the Premium as long as You are receiving Benefits for Total, Presumptive or Partial Disability. However, We will not waive Premiums beyond the Maximum Benefit Period.

PRE-EXISTING CONDITIONS

This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not for any loss that occurs during the first [12] months beginning on the date the person becomes an Insured under this Policy or Rider. Any Disability resulting from a Pre-existing condition will not be covered if it begins during the first [12] months after the Effective Date. Refer to When a Recurrent Disability Becomes a New Disability section for a Recurrent Disability from a Pre-Existing condition.

Childbirth (including cesarean) within [10] months of the date the person becomes an Insured under this Policy or Rider will be considered a Pre-Existing Condition.

Conditions specifically named or described s excluded in any part of this Policy are never covered.

LIMITATIONS & EXCLUSIONS

This Policy (including any Rider(s) attached) does not cover losses sustained while, caused by, contributed to, or resulting from:

- 1) being legally intoxicated as defined by state law where the loss occurred or being under the influence of any narcotic unless administered on the advice of a Physician;
- 2) Alcoholism or drug addiction;
- 3) Attempted suicide while sane or insane or intentionally self-inflicted Injury;
- 4) Mental or Emotional Disease or Disorders;
- 5) Being exposed to war or any act of war, declared or undeclared or while serving in the armed forces;
- 6) Engaging in any illegal activity;
- 7) Participation in any form of aviation other than as a fare-paying passenger in a fully licensed passenger carrying aircraft;
- 8) Voluntary inhalation of gas
- 9) Mountaineering, sky diving, hang gliding or bungee jumping;
- 10) Riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- 11) Conditions specifically excluded by amendment or endorsement; or
- 12) Any Pre-existing Conditions. [; or

- 13) Injuries or Sickness which are paid or payable under Workers' Compensation or occupational disease law, or that arises out of or in the course of a job or employment for pay or profit.]

This Policy (including any Rider(s) attached) does not pay Benefits for:

- 1) care that is primarily for rest, convalescence or rehabilitation;
- 2) treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of Sickness or Injury sustained while traveling for business or pleasure;
- 3) Total or Partial Disability while You are outside of the United States, its possessions or Canada;
- 4) Dental Treatment or plastic surgery for cosmetic purposes. This exclusion does not apply if the treatment or surgery is due to an Injury or to restore normal bodily functions;
- 5) Sickness or Injury covered under any Workers' Compensation or occupational disease law;
- 6) Total or Presumptive Disability that begins while not Actively At Work; or
- 7) Any period the Insured is incarcerated in any type of penal institution.

OPTIONAL RIDERS

BUILDING BENEFIT RIDER – Form 80330 BB RDR

This Rider [] is [] is not included. This Rider increases the Maximum Benefit Period that Benefits will be paid. The increase is based on the number of years the Policy has been in force.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT RIDER – Form 80330 ADD RDR

This Rider [] is [] is not included. We will pay [\$1,000-\$30,000] if You, [\$1,000-\$15,000] if Your covered spouse or [\$1,000-\$5,000] if Your covered child(ren) sustain(s) a covered Injury that results in death or multiple dismemberments. Losses must occur within 90 days of the covered Injury. The Benefit will be doubled if death results from an Injury while a fare-paying passenger in a common carrier. We will pay 50% of the Benefit for a single dismemberment. The total amount We will pay for all losses will not exceed the Benefit for such Insured. The only exception is if death results from a common carrier accident, we will pay twice the Benefit for such Insured.

EMERGENCY ACCIDENT RIDER – Form 80330 EA RDR

This Rider [] is [] is not included. This Rider will pay [\$50-\$100] if a covered Insured is Injured and requires Emergency Care by a Physician. Treatment must be (i) rendered in an emergency room of a Hospital or in a Physician's office; and (ii) received within 72 hours of the Injury. Benefits are limited to 4 treatments per Insured in a Calendar Year with the exception of covered children. The Benefits for all covered children are limited to a combined total of 4 treatments in a Calendar Year, not for each covered child.

FIRST HOSPITAL CONFINEMENT RIDER – Form 80330 FHC RDR

This Rider [] is [] is not included. We will pay the Benefit Amount for an Insured's First Hospital Confinement. The Benefit Amount is listed on the Schedule in this Rider. The Benefit Amount will be the amount next to the total number of days of Hospital Confinement. Benefits for the Rider will be limited to the First Hospital Confinement each Calendar Year for each Insured. The Benefit Amount will not exceed \$5,000 for each Insured per Calendar Year.

SCHEDULE

<u>Total Days of Hospital Confinement</u>	<u>Benefit Amount</u>
1	\$500
2	\$1,000
3	\$2,000
4	\$3,000
5	\$4,000
6	\$5,000

HOSPITAL INJURY INDEMNITY RIDER – Form 80330 HII RDR

This Rider [] is [] is not included. This Rider provides [\$30-\$150] for each day of Hospital Confinement. The confinement must be the result of an Injury to a covered Insured. The maximum number of days We will pay is 365.

HOSPITAL INDEMNITY RIDER – Form 80330 HIN RDR

This Rider [] is [] is not included. This Rider provides [\$30-\$150] for each day of Hospital Confinement. The confinement must be the result of an Injury or Sickness to a covered Insured. The maximum number of days We will pay is 365.

SPECIFIED INJURY RIDER – Form 80330 SI RDR

This Rider [] is [] is not included. If a covered Insured is Injured, We will pay a specific amount as indicated within the Rider for appliances, ambulance, blood/plasma, burns, dislocation, eye Injuries, fractures, ruptured disk, tendons/ligaments, torn knee cartilage, and gunshot wound (note: gunshot wound benefit is for You only).

For purposes of this Rider, the following limitations and exclusions are in addition to the Limitations and Exclusions contained in the Policy:

- 1) riding or driving in any motor-driven vehicle in a race, stunt show or speed test;
- 2) driving a car or any other licensed vehicle on a highway without a valid operator's license;
- 3) mountaineering, sky diving, hang gliding or bungee jumping; or
- 4) practicing for or participating in any high school, college, semi-professional or professional competitive athletic contest. This does not include intramural sports.

Sickness is not covered under this Rider.

PREMIUMS

All Premium due dates are determined from the Policy Effective Date. The first Premium is due before We deliver the Policy. All other Premiums are due in advance of the term they are to cover. The Policy has a 31-day Grace Period. You may pay Your renewal Premiums during this time. During this time the Policy will stay in force.

We reserve the right to change Premiums at any time. If we do change the Premiums, We will do so only:

- 1) if We change the Premiums for all policies of this same form and issue age in Your state of issue; and
- 2) if it is within the laws and regulations of Your state of issue; and
- 3) if We give You 60 days notice in writing before such change becomes effective.

Any change in the Premium will be based on Your age and occupation class as of the Date of Policy.

The Premium for Policy 80330 is as follows:
MONTHLY \$[XXX] ANNUAL \$[XXX]

Total Premium for Optional Riders:
MONTHLY \$[XXX] ANNUAL \$[XXX]

Total Amount of Premium:
MONTHLY \$[XXX] ANNUAL \$[XXX]

KANAWHA INSURANCE COMPANY

[210 SOUTH WHITE STREET, POST OFFICE BOX 610
LANCASTER, SC 29721-0610]
TELEPHONE [1-877-378-1505]

PRE-EXISTING CONDITIONS ENDORSEMENT

The Policy to which this Endorsement is attached is amended as follows:

The following is added to the Pre-Existing Conditions Limitations provision:

If this Policy replaces similar coverage under another policy, credit will be given towards satisfying the Pre-Existing Conditions provision of this Policy for the period of time that the Insured was continuously covered under the prior policy being replaced.

Other than as stated above, this Rider shall not alter, waive or extend any other provisions of the Policy to which this Rider is attached.

Signed for the Company

[]

[President]

FRAUD: Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is (in Georgia, Oregon and Nebraska “may be”) a crime and subjects (in Georgia, Oregon and Nebraska “may subject”) such person to criminal and civil penalties.

☐ Check if replacing or changing existing coverage in this company. Policy Number _____

PERSONS PROPOSED FOR INSURANCE									
Last Name	First	Middle	Relationship	Birthdate	Sex	Height	Weight	Social Security No.	
			Primary Insured	/ /				- -	
			Spouse	/ /					
			Child	/ /				COMPLETE SHADED	
			Child	/ /				AREAS IF AVAILABLE	
			Child	/ /					
Address			City	State	Zip	Home Telephone ()			
Secondary Addressee			City	State	Zip	Home Telephone ()			
Employer			Date Employed			Hours Worked/Wk			
Occupation		Monthly Income \$	Group Number			Employee/Payroll Number			
Payor or Owner if other than Primary Insured		<input type="checkbox"/> Payor <input type="checkbox"/> Owner	Social Security No. - -			Relationship To Primary Insured			
Beneficiary					Age	Relationship			

FOR THE PAST 30 DAYS: Have all proposed Insureds been performing normal activities, and been actively at work full time at their regular occupation? ____Yes ____No. If "No", explain: _____

USED TOBACCO in the past 12 months? Primary Insured ____Yes ____No Spouse ____Yes ____No

WILL THIS POLICY REPLACE OR CHANGE ANY: Existing Life or Health Insurance in this or any other company? ____Yes ____No. If "Yes", complete replacement form where required.

INSURANCE PLANS										Monthly Premium
DISABILITY Primary Insured Only			Monthly Ben	Elim. Period	Ben. Period	Building Ben. Rider	50% Ben. Red. unless % selected here			
<input type="checkbox"/>	Occ. Class	Injury	\$							
<input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Sickness	\$			<input type="checkbox"/>				
RIDERS	AD&D	Emerg. Acc.	Hosp. Inj.	Hosp. Indem.	Outpat. Sick.	Spec. Inj.	1st Hosp. Conf.			
	Primary Ins. \$	\$	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$		
	Spouse \$	\$	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$		
	Children \$	\$	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
HOSPITAL Base Policy			RIDERS	AD&D	Emerg. Acc.	Hosp. Inj.	ICU	Lump Sum	Outpat. Sick.	
<input type="checkbox"/> 0/0 180 Primary Ins.	\$	\$		\$	\$	\$	\$	\$		
<input type="checkbox"/> 0/0 365 Spouse	\$	\$		\$	\$	\$	\$	\$		
<input type="checkbox"/> 0/3 365 Children	\$	\$		\$	\$	\$	\$	\$		
RIDERS	Private Nurse	Surgical	Surgical+	Spec. Inj.	1st Hosp. Conf.					
	Primary Ins. \$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$			
	Spouse \$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$			
	Children \$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$		\$	
CANCER Base Policy \$			RIDERS	Surgical	Physician Att.	ICU	<input type="checkbox"/> Comp. Care	Disability Income \$500 (Primary Ins. Only)		
<input type="checkbox"/> Primary Ins.	\$	\$		\$	First Occurrence	<input type="checkbox"/> \$500	<input type="checkbox"/> 6 Month Benefit			
<input type="checkbox"/> Family	\$	\$		\$	<input type="checkbox"/> \$1000	<input type="checkbox"/> 1 Yr Benefit				
LUMP SUM CANCER			<input type="checkbox"/> Individual	<input type="checkbox"/> 1 Parent	<input type="checkbox"/> 2 Parent	Max. issue in GA is \$30,000				
	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$30,000	<input type="checkbox"/> \$40,000	<input type="checkbox"/> \$50,000					
LIFE			<input type="checkbox"/> Amount \$	<input type="checkbox"/> Accidental Death Rider		<input type="checkbox"/> Waiver of Premium				
	<input type="checkbox"/> Units Family Rider	<input type="checkbox"/> Units Children's Rider		<input type="checkbox"/> Other						

I. HAS ANY PROPOSED INSURED:

- A) In the last 10 years been treated for or been diagnosed by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS) and/or tested positive for HIV (Human Immunodeficiency Virus)? ☐ Yes ☐ No.
- B) Consulted a Physician, received any medical treatment, or been hospitalized during the past 3 years? ☐ Yes ☐ No.
- C) In the past 2 years had a driver's license suspended/revoked? ☐ Yes (License # _____ State _____) ☐ No.

2. IS ANY PROPOSED INSURED currently covered or eligible for Medicare? ☐ Yes ☐ No. If Yes, a "Guide to Health Insurance for People with Medicare" must be given to any Proposed Insured age 65 or over.

D1. FOR DISABILITY COVERAGE: List the amount of any other individual disability insurance currently applied for or in force for the primary insured \$ _____

C1. FOR CANCER COVERAGE: Has any proposed Insured in the last 10 years been treated for or been diagnosed as having: Cancer or any malignancy; Muscular Dystrophy; Poliomyelitis; Multiple Sclerosis; Encephalitis; Rabies; Tetanus; Malaria; Bubonic Plague; Smallpox; Tuberculosis; Osteomyelitis; Diphtheria; Scarlet Fever; Meningitis; Undulant Fever; Rocky Mountain Spotted Fever; Hansen's Disease; Addison's Disease; Sickle Cell Anemia; Tularemia; or Typhoid Fever? ☐ Yes ☐ No

L1. FOR LIFE COVERAGE, HAS ANY PROPOSED INSURED IN THE PAST 3 YEARS:

- A). Used any illegal, restricted, or controlled substance or narcotics except by doctor's prescription or been advised to seek, or received treatment or counseling for alcohol or other drug use? ☐ Yes ☐ No
- B). Had an application for insurance or reinstatement that was declined, postponed, rated up or modified? ☐ Yes ☐ No
- C). Had or been treated for any disease of the lungs, blood, brain, heart, blood vessels, kidneys, pancreas, or liver or had or been treated for high blood pressure, paralysis, cancer, or tumor? ☐ Yes ☐ No

Details of "Yes" Answers in 1,D1,C1 or L1. Attach additional sheet if necessary.

Question No.	Name	Date	Type of Injury or Illness	Doctor/Hospital & Address	Fully Recovered?	Medication Taken

Insurance Information Practices: This notice describes the practices we, Kanawha Insurance Company, and your agent follow to manage your personal information. We will rely on the information you, the Primary Insured, provide in this application to decide if you and your dependents are insurable. We or your agent may telephone you to confirm information given in this application or to obtain additional information needed to process your application. Before asking other sources for information about you or your dependents, we will get your written authorization. Information you provide or authorize may be disclosed to third parties without authorization. You have the right to access and correct the information collected about you and your dependents except information that relates to a claim or civil or criminal proceeding. You will be given upon request our detailed Description of Information Practices by writing to us at P.O. Box 610, Lancaster, SC 29721-0610.

Agreement: I have read, or had read to me the completed application and agree that 1) all statements and answers about me and other proposed insureds are complete to the best of my knowledge and belief; 2) all statements and answers have been truly and accurately recorded; 3) acceptance of any policy issued on this application will constitute a ratification of any corrections and/or additions to the application by us in the section called "Home Office Corrections and/or Additions" for administrative purposes; 4) this application shall be part of any policy issued; 5) any false statement or misrepresentation herein may result in loss of coverage(s) subject to the Time Limit on Certain Defenses under the Policy; 6) any coverage(s) will be effective on the Policy Effective Date recorded on the Policy Specifications Page of the Policy, not the date the application is signed; 7) all exceptions, limitations, and pre-existing conditions pertaining to the coverage(s) applied for have been explained; 8) no person(s) to be covered for a specified disease is also covered by any Title XIX program (Medicaid or any similar name); and 9) the agent is not authorized to make or modify contracts, waive any Company rights or requirements, or waive any information the Company requests.

Home Office Corrections and/or Additions Only

I ☐ have ☐ have not received an Outline of Coverage. (For GA, MT, NV, OR, TX, WV)

X _____ Signed at _____ on ____/____/20____
Signature of Primary Insured City, State Date
 (Parent if person to be insured is less than 15 years old)

X _____ X _____
Signature of Owner (If other than Primary Insured) **Spouse**

AGENT'S STATEMENT: I, the undersigned agent, also certify that to the best of my knowledge, replacement ☐ is ☐ is not involved at this time.

X _____/____/20____
 Signature of Agent Date Agent's No. % Credit State ID No.

SERFF Tracking Number:	HUMA-126712490	State:	Arkansas
Filing Company:	Kanawha Insurance Company	State Tracking Number:	46414
Company Tracking Number:			
TOI:	H111 Individual Health - Disability Income	Sub-TOI:	H111.004 Other
Product Name:	Individual Disability Income		
Project Name/Number:	/		

Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item: Flesch Certification	Approved-Closed	08/20/2010
Comments:		
Attachment:		
AR Read Cert - 8-5-10.pdf		

	Item Status:	Status
		Date:
Satisfied - Item: Application	Approved-Closed	08/20/2010
Comments:		
See form schedule.		

	Item Status:	Status
		Date:
Satisfied - Item: Outline of Coverage	Approved-Closed	08/20/2010
Comments:		
see form schedule.		

**ARKANSAS DEPARTMENT OF INSURANCE
READABILITY CERTIFICATION**

COMPANY NAME: Kanawha Insurance Company

I hereby certify that the form(s) listed below has (have) the following readability score(s) as calculated by the Flesch Reading Ease Test.

<u>FORM TITLE</u>	<u>NUMBER</u>	<u>FLESCH SCORE</u>
Individual Disability Income Policy	80330 07/10	52
Accidental Death And Dismemberment Rider	80330 ADD RDR 07/10	57
Building Benefit Rider	80330 BB RDR 07/10	55
Emergency Accident Rider	80330 EA RDR 07/10	53
First Hospital Confinement Rider	80330 FHC RDR 07/10	51
Hospital Indemnity Rider	80330 HIN RDR 07/10	55
Hospital Injury Indemnity Rider	80330 HII RDR 07/10	55
Specified Injury Rider	80330 SI RDR 07/10	58
Outline of Coverge	80330 OOC 07/10	48
Pre-Existing Conditions Endorsement	80330 PREX END 07/10	40
Application	1716 (07/10)	51



Name: R. Dale Vaughan
Title: President, Kanawha Insurance Company

Date: August 5, 2010

SERFF Tracking Number:	HUMA-126712490	State:	Arkansas
Filing Company:	Kanawha Insurance Company	State Tracking Number:	46414
Company Tracking Number:			
TOI:	H111 Individual Health - Disability Income	Sub-TOI:	H111.004 Other
Product Name:	Individual Disability Income		
Project Name/Number:	/		

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/08/2010	Form	Individual Disability Income Policy	08/20/2010	80330 07-10 - Indv DI Policy (PIC) - generic - 8-5-10.pdf (Superceded)

KANAWHA INSURANCE COMPANY

[210 SOUTH WHITE STREET, POST OFFICE BOX 610
LANCASTER, SC 29721-0610]
TELEPHONE [1-877-378-1505]

DISABILITY INCOME INSURANCE POLICY

This Policy is a legal contract between You and Kanawha Insurance Company ("Company").
PLEASE READ IT CAREFULLY.

The Company, subject to the terms of this Policy, will pay the benefits of this Policy to You upon receipt of due proof of Total Disability during the Policy period. The Company will also provide the other rights and benefits set forth in this Policy and any Riders attached hereto.

30 DAY RIGHT TO EXAMINE POLICY – If you decide You do not want this Policy for any reason, You can return it to Company, its agent or broker within 30 days after you receive it. When it is returned, it will be considered void as though it was never issued and any Premium paid will be refunded.

GUARANTEED RENEWABLE TO AGE 70 – This Policy is Guaranteed Renewable until the anniversary date of the Policy nearest Your Age 70 as long as You pay the Premiums when they are due. The Company can change Your Premium if the Premiums for all the Policies in the same Class are changed. You will be given at least 60 days notice before Your Premium is changed. Any increase or decrease in Premium will begin the next Premium due date after the 60-day notice is given.

NO RECOVERY FOR PRE-EXISTING CONDITIONS – No benefits will be provided during the first 12 months of this Policy for any Pre-existing Condition which first made itself known prior to the Date of Policy.

IMPORTANT NOTICE -- The Policy application may have been captured electronically or on paper. Please carefully review answers to questions on the Application to make sure they are answered correctly. The application is a part of this Policy and the Policy was issued on the basis that the answers to all questions and the information shown on the application are correct and complete. If an error exists, please notify Us within 30 days at Kanawha Insurance Company [P.O. Box 610, Lancaster, SC 29721-0610]. In the event you need to contact someone about this Policy for any reason, You may contact Us at the above address or by calling [800-635-4252].

Signed for the Company

[]

President

DISABILITY INCOME INSURANCE POLICY
Non-Participating

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POLICY SCHEDULE

PRIMARY INSURED:	[John A. Doe]
INSURED DEPENDENTS:	[Jane A. Doe] [John A. Doe, Jr.]
PRIMARY INSURED ISSUE AGE:	[35]
POLICY NUMBER:	[1234567]
DATE OF POLICY:	[July 1, 2010]
FIRST ANNIVERSARY DATE:	[July 1, 2011]
ANNUAL PREMIUM:	[\$2,101.84]
MODE SELECTED AT ISSUE:	[Monthly]
MODE PREMIUM:	[\$166.82]

DESCRIPTION OF COVERAGE	BENEFIT AMOUNT	ANNUAL PREMIUM
[Disability due to an Injury for the Primary Insured		
Elimination Period:	[0-365] Days	
Maximum Benefits Period:	[3-24] Months	
Monthly Benefit for Disability:	[\$100-\$5,000]	[\$3.60-\$3180.00]
Monthly Benefit when Benefit Reduction Applies:	[\$50-\$2,500]	
[Monthly Benefit when paid in addition to Worker's Compensation]	[\$50-\$5,000]]	
[Disability due to a Sickness for the Primary Insured		
Elimination Period:	[7-365] Days	
Maximum Benefits Period:	[3-24] Months	
Monthly Benefit for Disability:	[\$100-\$5,000]	[\$16.80-\$3150.00]
Monthly Benefit when Benefit Reduction Applies:	[\$50-\$2,500]]	
[Building Benefits Rider due to Injury for the Primary Insured		
Maximum Additional Benefit Period:	[3-24] Months	
Monthly Benefit when Benefit Reduction Applies:	[\$50-\$2,500]]	[\$0.12-\$54.00]
[Building Benefits Rider due to Sickness for the Primary Insured		
Maximum Additional Benefit Period:	[3-24] Months	
Monthly Benefit when Benefit Reduction Applies:	[\$50-\$2,500]]	[\$0.24-\$48.00]
[Emergency Accident Rider		
Benefit per Accident for Primary Insured		
Limited to 4 Accidents per Calendar Year	[\$50-\$100]	[\$6.84-\$13.68]
Benefit per Accident for Eligible Spouse		
Limited to 4 Accidents per Calendar Year	[\$50-\$100]	[\$6.84-\$13.68]
Benefit per Accident for all Eligible Dependent Children		
Limited to a total of 4 Accidents per Calendar Year	[\$50-\$100]	[\$6.84-\$13.68]]

[Accidental Death and Dismemberment Rider		
Benefit Amount for Primary Insured	[\$1,000-\$30,000]	[\$1.20 - \$36.00]
Benefit Amount for Eligible Spouse	[\$1,000-\$15,000]	[\$1.20 - \$18.00]
Benefit Amount for each Eligible Dependent Child	[\$1,000-\$5,000]	[\$1.20 - \$6.00]]
[Hospital Injury Indemnity Rider		
Daily Benefit for Primary Insured	[\$30-\$150]	[\$45.00 - \$225.00]
Daily Benefit for Eligible Spouse	[\$30-\$150]	[\$45.00 - \$225.00]
Daily Benefit for each Eligible Dependent Child	[\$30-\$150]	[\$27.00 - \$135.00]]]
[Hospital Indemnity Rider		
Daily Benefit for Primary Insured	[\$30-\$150]	[\$7.20 - \$36.00]]
Daily Benefit for Eligible Spouse	[\$30-\$150]	[\$7.20 - \$36.00]]
Daily Benefit for each Eligible Dependent Child	[\$30-\$150]	[\$5.40 - \$27.00]]]
[Specified Injury Benefit Rider		
Primary Insured	see Rider	[\$42.00]]
Eligible Spouse	see Rider	[\$21.00]]
Eligible Dependent Child(ren)	see Rider	[\$21.00]]]
[First Hospital Confinement Rider		
Primary Insured	see Rider	[\$150.00]]
Eligible Spouse	see Rider	[\$150.00]]
Eligible Dependent Child(ren)	see Rider	[\$84.00]]]

GENERAL AGREEMENT

We agreed to issue this Policy to You because:

- 1) You paid the first Premium; and
- 2) We relied on the answers in Your application.

The Policy covers only You. Any Riders cover You and the Insured Dependents shown on the Policy Schedule. The Riders, if any, also cover any person added as an Insured after the Date of Policy. Any changes to the Policy are shown by an Amendment, Endorsement or Rider incorporated into this Policy.

The first Policy term begins at 12:01 AM, Standard time on the Date of Policy at the place You live. It ends at 12:00 PM, Standard time at the place You live on the Policy Anniversary Date. You may then renew this Policy for the next term by paying Premiums when due. The renewal Premium for each term is due on the day the preceding term ends subject to the Grace Period.

PREMIUMS

All Premium due dates are determined from the Date of Policy. Premiums for this Policy are due in advance of the term they are to cover. You may pay Premiums on any billing mode We accept. The Policy will remain in force for the period in which Premiums are paid subject to the Grace Period.

Grace Period - This Policy has a 31-day grace period. This means that if a Premium (other than the first) is not paid on or before the date it is due, it must be paid during the next 31 days after it is due or coverage will end. During the grace period this Policy will stay in force.

Change in Premium Rate - We have the right to change Premiums at any time. If We do change the Premiums, We will do so only:

- 1) if We change the Premiums for all policies of this same form and issue age in Your state of issue; and
- 2) if it is within the laws and regulations of Your state of issue; and
- 3) if We give You 60 days notice in writing before such change becomes effective.

Any change in the Premium will be based on Your age and occupation class as of the Date of Policy.

Refund of Unearned Premium – Within 30 days of proof of death or cancellation of the Policy, We will refund any unearned Premium. Unearned Premium is any Premium paid for any period beyond the date of death or the date cancellation occurred. A certified copy of Your death certificate may be required.

Premium Payment Adjustment – When a claim is paid, any Premiums due and unpaid may be deducted from the claim payment.

Reinstatement – If a Premium is not paid before the Grace Period ends, this Policy will lapse. If We accept the Premium without requiring an application for reinstatement, this Policy will be reinstated. Once the Policy has lapsed, We require a reinstatement form or a new application to reinstate a Policy. If We approve the application, the Policy will be reinstated with a new Date of Policy. If We do not notify You that We have disapproved the reinstatement application, the Policy will be reinstated on the 45th day after the date We receive such application. The reinstated Policy will cover only losses that result from: (i) an Injury that occurs after the date of reinstatement; or (ii) a Sickness that starts more than 10 days after the date of reinstatement. In all other respects, Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy. After the reinstated Policy has been in force for 2 years from the date of reinstatement, We cannot cancel or deny benefits because of any misstatement, except fraudulent misstatements, made by You in the reinstatement application. Any Premiums We accept for a reinstatement will be applied to a period for which Premiums have not been paid. No Premiums will be applied to any period more than 60 days before the reinstatement date.

BENEFITS

[Injury Disability Benefit – We will pay the Monthly Benefit shown on the Policy Schedule for Disability (subject to the Benefit Reduction section) due to an Injury if:

- 1) Total Disability due to an Injury continues beyond the Elimination Period (the Elimination Period does not apply to a Presumptive Disability); and
- 2) The Injury: (a) occurred after Your Effective Date; (b) occurred while this Policy was in force; (c) was not subject to the Pre-Existing Conditions provision; and (d) was not specifically excluded by name or description in this Policy.

If Disability begins more than 60 days after an Injury, Disability will be considered to be the result of a Sickness. The Injury must occur while this Policy is in force.

Benefits will be payable until the earliest of the following:

- 1) The date You cease to be Totally Disabled (does not apply to Presumptive Disability);
- 2) The date You fail to provide satisfactory proof of continued Total Disability when requested;
- 3) The date You are outside of the United States, its possessions, or Canada (does not apply to a Presumptive Disability);
- 4) The date the Maximum Benefit Period ends; or
- 5) The date you die.

We will only pay up to the applicable Maximum Benefit Period for any one Disability. The Maximum Benefit Period At Age 65 may differ.]

[Sickness Disability Benefit – We will pay the Monthly Benefit shown on the Policy Schedule for Disability due to Sickness if:

- 1) Total Disability due to a Sickness continues beyond the Elimination Period (the Elimination Period does not apply to a Presumptive Disability); and
- 2) The Sickness (a) begins after Your Effective Date; (b) begins while this Policy is in force; (c) was not subject to the Pre-Existing Conditions provision; and (d) was not specifically excluded by name or description in this Policy.

If the Elimination Period of Total Disability due to a Sickness is [15] days or less, the Monthly Benefit for Disability due to a Sickness will begin the earlier of:

- 1) the first day of Hospital Confinement for the Sickness; or
- 2) the first day after the Elimination Period due to Sickness ends.

If Disability begins more than 60 days after an Injury, Disability will be considered to be the result of a Sickness. The Injury must occur while this Policy is in force.

Benefits will be payable until the earliest of the following:

- 1) the date You cease to be Totally Disabled (does not apply to a Presumptive Disability);
- 2) the date You fail to provide satisfactory proof of continued Total Disability when requested;
- 3) the date You are outside of the United States, its possessions, or Canada (does not apply to a Presumptive Disability);
- 4) the date the Maximum Benefit Period ends; or
- 5) the date You die.

We will only pay up to the applicable Maximum Benefit Period for any one Disability. The Maximum Benefit Period At Age 65 may differ.]

Benefit Reduction – Your Benefit may differ if You receive or are eligible to receive any Other Income. Other Income must be for the same period You are entitled to a Monthly Benefit for Disability due to an Injury. The Benefit You will receive is shown on the Policy Schedule as the Monthly Benefit When Benefit Reduction Applies.

We have the right to require reasonable proof of Other Income You receive or are eligible to receive during any month of Disability. We have the right to recover from You any amount of Benefits overpaid as a result of a retroactive award of Other Income Benefits.

Partial Disability Benefit – We will pay a Partial Disability Benefit if:

- 1) You have received Total Disability Benefits under this Policy for at least 2 consecutive months;
- 2) You are Partially Disabled the day following the date Total Disability ended;
- 3) Partial Disability is the result of the same Injury or Sickness which caused the Total Disability; and
- 4) Your earnings are not greater than 80% of Your Occupational Income.

The Partial Disability Benefit will be the lesser of:

- 1) 50% of the Monthly Benefit for Disability that You were eligible to receive during the prior month before Partial Disability began; or
- 2) The difference between Your current earnings and Your Occupational Income.

The Partial Disability Benefit will be payable for a maximum period of 3 months. The combined period of time Benefits are payable for Total Disability and Partial Disability will not exceed the Maximum Benefit Period. The Maximum Benefit Period At Age 65 may differ.

The Partial Disability Benefit will be paid until the earliest of:

- 1) the date You cease to be Partially Disabled;
- 2) the date You fail to provide satisfactory proof of continued Partial Disability when requested;
- 3) the date You are outside the United States, its possessions, or Canada (Limitations & Exclusions);
- 4) the date the Maximum Benefit Period ends;
- 5) 3 months;
- 6) The date Your earnings are greater than 80% of Your Occupational Income; or
- 7) The date You die.

We can require that You send Us appropriate financial records to prove Your income during the time You are Partially Disabled.

Maximum Benefit Period At Age 65 – The maximum Benefit Period for any new Disability that begins after age 65 will be the lesser of Your current Maximum Benefit Period or [12] months.

Total, Presumptive or Partial Disability Benefit for Part of a Month – If a Benefit is payable for less than a full month, We will pay one-thirtieth of the applicable Benefit for each day of Total, Presumptive or Partial Disability.

When a Recurrent Disability Becomes a New Disability – A Recurrent Disability will be treated as the same Disability unless the requirements of the paragraph below are met. This means the Elimination Period and Maximum Benefit Period for Disability in the Policy will not start over. Any Recurrent Disability caused by a Pre-existing Condition will be treated as the same Disability.

The only time a Recurrent Disability is treated as a new Total Disability is if You have returned to work for six months or more. During this time, You must work the lesser of (i) the same number of hours You

were working before the first Total Disability for the same or related condition; or (ii) Full-Time. The Elimination Period and Maximum Benefit Period will start over for a new Total Disability.

A Recurrent Disability caused by a Presumptive Disability will never be classified as a new Disability. It will always be considered as the same Disability even if the requirements of the above paragraph are met.

Concurrent Disability – We will pay benefits for only one Disability at a time even if it results from more than one cause. If Disability results from more than one cause, it will be considered the same Disability. You will be entitled to only one Benefit.

Survivor Benefit – If You die while receiving Disability Benefits for at least 6 consecutive months, We will pay a Survivor Benefit. [The Survivor Benefit due to an Injury will be a lump sum of 6 times the Disability Benefit You are eligible for the calendar month before death.] [The Survivor Benefit due to a Sickness will be a lump sum of \$1,000.] The Survivor Benefit will be paid to Your designated beneficiary or to Your estate if a beneficiary is not named.

Waiver of Premiums – After You have received Benefits for Total or Presumptive Disability for 90 consecutive days, We will waive future Premiums. We will waive the Premium as long as You are receiving Benefits for Total, Presumptive or Partial Disability. However, We will not waive Premiums beyond the Maximum Benefit Period.

LIMITATIONS & EXCLUSIONS

This Policy (including any Rider(s) attached) does not cover losses sustained while, caused by, contributed to, or resulting from:

- 1) being legally intoxicated as defined by state law where the loss occurred or being under the influence of any narcotic unless administered on the advice of a Physician;
- 2) Alcoholism or drug addiction;
- 3) Attempted suicide while sane or insane or intentionally self-inflicted Injury;
- 4) Mental or Emotional Disease or Disorders;
- 5) Being exposed to war or any act of war, declared or undeclared or while serving in the armed forces;
- 6) Engaging in any illegal activity;
- 7) Participation in any form of aviation other than as a fare-paying passenger in a fully licensed passenger carrying aircraft;
- 8) Voluntary inhalation of gas
- 9) Mountaineering, sky diving, hang gliding or bungee jumping;
- 10) Riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- 11) Conditions specifically excluded by amendment or endorsement; [or]
- 12) Any Pre-existing Conditions; [or]
- 13) Injuries or Sickness which are paid or payable under Workers' Compensation or occupational disease law, or that arises out of or in the course of a job or employment for pay or profit.]

This Policy (including any Rider(s) attached) does not pay Benefits for:

- 1) care that is primarily for rest, convalescence or rehabilitation;
- 2) treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of Sickness or Injury sustained while traveling for business or pleasure;
- 3) Total or Partial Disability while You are outside of the United States, its possessions or Canada;
- 4) Dental Treatment or plastic surgery for cosmetic purposes. This exclusion does not apply if the treatment or surgery is due to an Injury or to restore normal bodily functions;

- 5) Sickness or Injury covered under any Workers' Compensation or occupational disease law;
- 6) Total or Presumptive Disability that begins while not Actively At Work; or
- 7) Any period the Insured is incarcerated in any type of penal institution.

PRE-EXISTING CONDITIONS

This Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not for any loss that occurs during the first 12 months beginning on the date the person becomes an Insured under this Policy or Rider. Any Disability resulting from a Pre-existing condition will not be covered if it begins during the first 12 months after the Effective Date. Refer to When a Recurrent Disability Becomes a New Disability section for a Recurrent Disability from a Pre-Existing condition.

Childbirth (including cesarean) within 10 months of the date the person becomes an Insured under this Policy or Rider will be considered a Pre-Existing Condition.

Conditions specifically named or described as excluded in any part of this Policy are never covered.

MILITARY SERVICE

If You enter full time, active duty in the military service, You may suspend this Policy. However, You may not suspend the Policy during active military duty or training lasting three months or less. The Policy will not be in force while it is suspended, and You will not have to pay any Premiums. We need Your written request to suspend the Policy. We will refund the pro-rata portion of any Premium paid for a period beyond the date We receive Your request.

If Your full time active duty in military service ends before Your 65th birthday, You may place this Policy back in force without evidence of insurability. Your coverage will start again when We receive Your written request and You have paid the pro-rata Premium for coverage until the next Premium due date. We must receive Your request and Premium payment within 90 days after the date Your active duty service in the military ends. Premiums will be at the same rate they would have been had Your Policy remained in force. The Policy will not cover any loss due to Injury or Sickness that occurs while the Policy is suspended. In all other respects, You and Us will have the same rights under the Policy as before it was suspended.

If Your active duty ends after Your 65th birthday, this Policy cannot be reinstated.

TERMINATION

This Policy will end on the earliest of:

- 1) the date You fail to pay Premiums within the Grace Period;
- 2) the date You die;
- 3) the Policy Anniversary date after You turn age 70; or
- 4) the date You notify Us in writing to end this Policy.

All coverage under this Policy and any attached Rider(s) will terminate when this Policy ceases to be in force.

Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child or Eligible Spouse.

When an Insured Dependent's coverage ends, We will:

- 1) refund any Premium accepted for the period the Insured is not eligible;
- 2) consider any claim that began before the insurance ended; and

- 3) allow a conversion policy as set forth in the Conversion Privilege provision of this Policy.

ELIGIBILITY AND ADDITION OF PERSONS

THE DISABILITY INCOME COVERAGE IS FOR THE PRIMARY INSURED ONLY. Your Insured Dependents are only covered under any Riders attached to this Policy. Your spouse and any children who qualify as an Eligible Dependent Child or Eligible Spouse may be added to Riders attached to this Policy. To add a person (other than a newborn, foster or adopted child) to this Policy after the Date of Policy, You must:

- 1) make written application to Us;
- 2) furnish proof that the person is insurable by Our underwriting standards; and
- 3) pay the additional Premium due for that person. The first Premium for the person to be added will be determined from the effective date of his/her coverage. The person added will be subject to the Pre-Existing Conditions provision of the Policy commencing as of their coverage effective date.

Any child born to You while this Policy is in force will be insured from the moment of birth for 31 days. A child placed with You for adoption after the Date of Policy will be covered for a period of 31 days from the earlier of (i) the date of placement for the purpose of adoption; or (ii) the date of the entry of an order granting the adoptive parent custody of the child for the purpose of adoption. A foster child placed with You after the Date of Policy shall automatically be covered for a period of 31 days from the date of placement and is subject to any Pre-Existing Conditions as defined in this Policy. Coverage and Benefits for the child on the Riders will be the same as those that are provided for Eligible Dependent Children.

The Pre-Existing Conditions provision of this Policy is waived for the newborn or adopted child. Coverage for a child placed for the purpose of adoption will end if the adoption is stopped prior to legal adoption.

To continue coverage for the newborn or adopted child beyond the 31-day period, You must notify Us in writing and pay the Premium, if any, for the child. The Premium, if any, must be paid within 31 days from the date of birth, placement or order granting custody. Premiums, if any, for the child will be prorated to the next Premium due date of this Policy. If We are not notified and the required Premium, if any, is not paid within 31 days, the coverage for the child will end 31 days after the date of birth, placement or order granting custody.

CONVERSION PRIVILEGE

When a Dependent Child ceases to be an Eligible Dependent Child, coverage can be converted to a new policy. We must receive a written application. The required Premium must be paid within 31 days after the date their coverage is to end. The new policy will:

- 1) be issued without evidence of insurability;
- 2) be a policy form We offer;
- 3) be most similar to but not greater than the Eligible Dependent's coverage in this Policy;
- 4) exclude any conditions that were excluded in this Policy for such Insured; and
- 5) cover Pre-Existing Conditions to the extent they are covered in this Policy.

Coverage under the new policy will begin on the next day after the date coverage for the Eligible Dependent Child ended under this Policy. The Premium will be based on the rates in effect for that person's age and state of residency at time of conversion.

If You die or if You and Your Eligible Spouse become Divorced, Your Eligible Spouse may convert their existing coverage to a new policy. Written application for the policy must be made to Us within 60 days of your death or entry of the order of divorce. The required Premium must be paid within 60 days after the date this coverage is to end. The new policy will:

- 1) be issued without evidence of insurability;
- 2) be a policy form We offer;
- 3) be most similar to but not greater than the Eligible Spouse's coverage in this Policy;
- 4) exclude any conditions that were excluded in this Policy for such Insured; and
- 5) cover Pre-Existing Conditions to the extent they are covered in this Policy.

Coverage under the new policy will begin on the next day after the date coverage for the Eligible Spouse ended under this Policy. The Premium will be based on the rates in effect for that person's age and state of residency at time of conversion.

At the option of the Eligible Spouse, any Eligible Dependent Children covered under this Policy (for whom the Eligible Spouse has the obligation of support) may also be converted to the new policy. Said conversion is subject to the same conditions as the Eligible Spouse's conversion.

GENERAL PROVISIONS

Cancellation by the Primary Insured – You may cancel this Policy at any time by giving written notice to Us. We will cancel this Policy upon receipt of such notice or on a later date if specified in the notice. We will return any unearned Premium paid. The unearned Premium will be computed on a pro-rata basis. Cancellation will be without prejudice to any claim that began prior to the effective date of cancellation.

Change of Beneficiary – You may change Your beneficiary at any time by giving Us notice in writing. The consent of the beneficiary is not required for this or any other change to the Policy, unless the beneficiary is irrevocable.

Claim Forms – Upon receipt of a Notice of Claim, We will send You claim forms for filing Proof of Loss. If We do not send these forms to You within 15 days after You notify Us, you will have complied with Proof of Loss requirements if You give to Us within 90 days a written statement of the nature and extent of the loss. The written statement must include verification by a Physician that such Insured suffered a loss as defined in this Policy.

Conformity with State Statutes – Any provision of this Policy that on the Date of Policy is in conflict with the statutes of the state in which it was issued is amended to conform to the minimum requirements of such statutes.

Data Required – You agree to give Us all data and proof that We may reasonably need to administer this Policy.

Entire Contract – This Policy, application, and any riders, amendments and endorsements make up the entire contract between You and Us. In the absence of fraud, all statements made in any application are considered representations and not warranties. No such statement unless it is contained in the written application will void the Policy, reduce the Benefits or be used in defense of a claim.

Only Our officer may change this Policy in Whole or in part. No change will be valid unless it is made in writing, signed by such officer and attached to this Policy. No other person, including an agent, may change this Policy or waive any of its provisions.

Fraudulent Misstatements – If You make a fraudulent misstatement in the application for this Policy, We may deny any claim or void the Policy at any time.

Legal Action – No legal action may be brought to recover on this Policy until 60 days after You send Us written Proof of Loss. No such action may be brought after the expiration of the applicable statute of limitations from the time We require written Proof of Loss.

Misstatement of Age – If the age of an Insured was misstated on the application, the Benefits will be those that the Premium paid would have bought at the correct age. If an insured's age was overstated. We will refund any excess Premium if We are notified of this fact. Our liability will be limited to the refund of the Premium paid for the term not covered by the Policy if (i) as the result of the misstatement of age of an Insured, We accept Premiums for a term beyond the date the coverage would have ceased; or (ii) according to the correct age the coverage would not have become effective for any reason.

Notice of Claim – Written notice of claim must be given to Us within 90 days after a covered loss. If You cannot meet this deadline, You must give proof as soon as is reasonably possible. Notice can be given to Us at Our administrative office or any authorized agent of the Company. Notice should include the name of the Insured and this Policy number.

Non-Participating – This Policy is a non-participating policy. We will not pay dividends on this Policy.

Payment of Claims – Loss of life Benefits, if any, will be paid to the last designated beneficiary shown in Our records. If no beneficiary designation is then in effect, the Benefits will be paid to You or Your estate. All other Benefits will be paid to You. If any accrued Benefits payable to You are unpaid when You die, We may pay them to Your estate or to Your beneficiary. If Benefits are payable to Your estate or to a minor or other person not competent to give a valid release, We may pay such Benefit, up to \$1,000, to any relative by blood or marriage to You who deemed by Us as entitled to such Benefits. If we make a payment in good faith under this provision, We will be released from liability to the extent of payment.

Physical Examination and Autopsy – We can require an Insured to have an examination as often as necessary while a claim is pending. The examination may include (i) a functional capacity examination; (ii) psychiatric examination; or (iii) any tests that are reasonably necessary for the condition at such time. We reserve the right to select the examiner. We will pay for the examination. We can require an autopsy at Our expense in the event of an Insured's death, unless prohibited by the law of the state in which the Insured lived.

Proof of Loss – Written proof of loss must be furnished to Us within 90 days after the date of such loss. Failure to furnish such proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within such time. Proof must be sent as soon as reasonably possible and except in the absence of legal capacity, no later than 1 year from the time proof is otherwise required. We have the right to request records as may be reasonably necessary to determine if any Benefits are payable under this Policy.

Right to Review Records – We have the right to review any records that may apply to Your claim.

Time Limit on Certain Defenses – After the Policy has been in force for 2 years from the Effective Date, We cannot cancel or deny Benefits because of any misstatement, except for fraudulent misstatements made by You in the application for the Policy.

If a Rider is added after the Effective Date, We cannot cancel or deny Benefits because of a misstatement, except fraudulent misstatements made by You in the application after the Rider has been in force for 2 years from the Rider's effective date.

After the coverage has been in force beyond the Pre-Existing Conditions period, We will pay Benefits for any Pre-Existing Conditions not specifically excluded by name or description in the Policy, Rider or Endorsement.

Time Payment of Claims – We will pay the Benefits then due upon receipt of written Proof of Loss and Our approval of Your claim.

DEFINITIONS

Accident means a sudden, unexpected, violent and external event that causes bodily Injury to the Insured.

Actively At Work or Active Employment or Employed means You are performing the normal duties of Your Regular Occupation or Any Occupation:

- On a Full-Time basis;
- At the employer's usual place of business; and
- You are not Partially Disabled.

You are deemed to be Actively at Work on each day of regular paid vacation or legal holiday if You:

- Are not Totally Disabled or Partially Disabled; and
- You are Actively at Work on the last working day before such vacation or legal holiday.

Alcoholism means a combination of symptoms including tolerance of, physical dependence on and pathological organ changes caused by alcohol consumption.

Any Occupation means a job, profession or activity for wages or profit that You are able to perform based on Your education, training and experience.

Benefit Period means the period of time for which Monthly Income Benefits are payable for disability due to the same cause. It starts on the day after the Elimination Period ends. It continues until the earliest of the following:

- the date You are no longer Totally Disabled;
- the end of the Benefit Period shown on the Schedule; or
- the date of Your death.

Calendar Year means the period starting January 1st and ending on December 31st.

Compensation means Your monthly salary, wages and/or commissions received from an employer.

Date of Policy means the date shown on the Policy Schedule or in an Endorsement to this Policy.

Dental Treatment means treatment of the teeth and/or periodontal area.

Dependent Child means a financially dependent child, stepchild, foster child or adopted child of the Primary Insured, named in the application, unless specifically excluded in any part of this Policy. Any newborn, foster or child placed with You for adoption after the Date of Policy is considered a Dependent Child.

Disability or Disabled means Total Disability or Presumptive Disability.

Drug Addiction means the use of a drug for a reason other than which it was intended or in a manner or in quantities other than directed by the prescribing Physician.

Effective Date means the date that coverage begins under the Policy.

Eligible Dependent Child(ren) means, unless specifically excluded in any part of this Policy,:

- (i) Your unmarried Dependent Child under age [19] who is chiefly dependent on you for support and maintenance; or (ii) Your unmarried Dependent Child under age [23] if he/she is a full-time student at an accredited school, college, or university and We are furnished proof of such enrollment; or (iii)

Your unmarried Dependent Child age [19] or over, who is chiefly dependent on You for support and maintenance if he/she is not able to support him/herself because of mental or physical incapacity. The burden of proof that such Dependent Child is and has continued to be incapacitated rests with You. You must give proof of the incapacity acceptable to Us (i) within 31 days of the Dependent Child would cease to be an Eligible Dependent Child; and (ii) when asked for, but not more than once a year after the first 2 years.

Eligible Spouse means the person to whom you are legally married and listed on the Application, unless specifically excluded in any part of this Policy. Your spouse is no longer an eligible spouse on the date of death or the day a valid decree of divorce is effective.

Elimination Period means the number of days that You must be Totally Disabled before Benefits for Total or Partial Disability are payable.

If the elimination period is 30 days or greater (does not apply if the elimination period is less than 30 days), it will be considered continuous if the Insured returns to work for not more than a total of 4 days during the elimination period. The elimination period will be extended by one day for each day the Insured temporarily returns to work. Days of Partial Disability do not count toward the Elimination Period.

Benefits subject to the Elimination Period are shown on the Policy Schedule.

Full-Time means 27 or more hours per week.

Hospital means an accredited institution where people receive medical, surgical, or psychiatric treatment and nursing care.

Hospital Confinement means admission to a Hospital and confinement as a resident bed patient due to an Injury or Sickness. The confinement must be on the advice of a Physician and be Medically Necessary. Confinement to an emergency room, outpatient treatment room, or observation unit is not considered a hospital confinement.

Injury or Injured means bodily harm You sustain caused by an Accident which: (i) is independent of all other causes; (ii) is not specifically excluded by name or description in this Policy; (iii) is not caused or contributed to by Sickness; and (iv) occurs after the Effective Date and while this Policy is in force.

Insured means the Primary Insured and any covered dependents as shown in the Policy Schedule.

Material and Substantial Duties means those duties normally required for the performance of Your Regular Occupation that cannot be reasonably omitted or modified.

Maximum Benefit Period means the period of time for which a Benefit is payable. Maximum Benefit Periods are shown on the Policy Schedule.

After a Benefit is paid for its Maximum Benefit Period, that Benefit is not payable except as may be allowed by the Continuous or Successive Disabilities provision.

Medically Necessary means treatment, services or supplies necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based upon generally accepted medical standards.

Mental or Emotional Disease or Disorder means a condition so classified in the [Diagnostic and Statistical Manual of Mental Disorders (DSM)]. We will use the [DSM] most current as of the date of loss. If the [DSM] is discontinued or replaced, We will use published data that, in Our opinion, provides the most comparable information.

Mental or Emotional Disease or Disorder does not include any condition excluded from the coverage of this Policy by name or specific description.

Mental or Emotional Disease or Disorder does not include dementia, if caused by: (i) stroke; (ii) trauma; (iii) infection; or (iv) Alzheimer's disease.

Occupational Income means Your monthly rate of earnings from Your employment as of the day before the start of Total Disability. Occupational Income does not include: (i) overtime pay; (ii) bonuses; or (iii) extra compensation other than commissions. Occupational Income will include commissions averaged over: (i) the 12 calendar months ending the month before Total Disability began; or (ii) the number of full calendar months that You were employed before Total Disability began, if less than [12] months.

Other Income means periodic or lump-sum Benefits of the following when payable because You are disabled or retired: (i) Workers' Compensation; (ii) occupational disease law; (iii) State Disability Insurance; (iv) Social Security; (v) any pension plan of an employer; (vi) Railroad Retirement; (vii) any group disability benefit plan or policy of an employer; or (viii) any individual disability benefit insurance policy, if the premiums are paid by or through an employer. Other Income does not include increases in the above that occur after the start of the Your Elimination Period.

Part-Time means less than 27 hours per week.

Partial Disability or Partially Disabled means that because of a covered Sickness or Injury You are: (i) unable to perform at least one, but not all, of the Material and Substantial Duties of Your Regular Occupation or any other occupation on a Full-Time or Part-Time basis; or (ii) only able to perform all of the Material and Substantial Duties of Your Regular Occupation or Any Occupation on a Part-Time basis. You must be under the regular care of a Physician. This does not apply if the Physician tells Us and We agree that regular care is of no further benefit to You.

Physician means a medical doctor or other person recognized as a physician by law or regulation in the state where services are provided. The person must be licensed and practicing in the United States. Physician does not include: (i) You; (ii) a person related to You by blood or marriage; or (iii) a medical doctor or other person practicing outside of the United States.

Policy means the legal contract between You and Us. The Policy, Application(s), Policy Schedule(s) and any Riders, Amendments or Endorsements make up the entire agreement between You and Us.

Policy Anniversary Date means the day the Policy is initially issued and is yearly renewed.

Pre-Existing Condition means a condition for which a Physician prescribed, recommended or gave to the Insured during the [12] months before the Insured's Effective Date: (i) treatment; (ii) medical advice; (iii) consultation; (iv) diagnosis or diagnostic tests; or (v) medication.

Presumptive Disability means You suffer the total, permanent and irrecoverable loss of any of the following due to covered Injury or covered Sickness: (i) speech; or (ii) hearing in both ears; or (iii) the sight of both eyes entirely, irrecoverably and uncorrectable; or (iv) the use of both hands at or above the wrist joint; or (v) both feet at or above the ankle joint; or (vi) one hand at or above the wrist joint and one foot at or above the ankle joint. You must be Actively at Work when Presumptive Disability begins. Benefits for Presumptive Disability will not be paid if You are not Actively at Work when the disability begins. The ability to work will not matter. You are not required to be under the regular care of a Physician. Proof of the Presumptive Disability will be required.

Primary Insured means the person named as the primary insured on the Policy Schedule.

Recurrent Disability means Total and/or Partial Disability that: (i) is due to the same or related causes as a prior period of disability; (ii) follows a prior period for which a Monthly Benefit was paid; and (iii) occurs within [180] days after the end of a prior period for which a Monthly Benefit was paid.

Regular Occupation means Your usual job, profession or activity for wages, compensation or profit at the start of a Total Disability or Partial Disability covered by this Policy.

Sickness means an illness, disease or complication of pregnancy that (i) first makes itself known after the Effective Date and while this Policy is in force; (ii) does not result from Pre-existing Conditions as defined; and (iii) is not specifically excluded by name or description in this Policy. Benefits for a normal pregnancy are provided on the same basis as for any other Sickness.

[State Disability Insurance means the temporary disability insurance programs sponsored by California, Hawaii, New Jersey, New York, Rhode Island, Puerto Rico, or a political subdivision of the United States.]

Successive Disability means a Total and/or Partial Disability that is: (i) not due to the same or related causes as a prior period of disability; and (ii) separated from any prior period for which Monthly Benefits were paid by 30 consecutive days during which You are Actively at Work and not Partially Disabled.

Totally Disabled or Total Disability means, for the first [24] months of a disability You are: (i) unable to perform the substantial and material duties of Your Regular Occupation; (ii) not working in any other occupation; and (iii) under the care of a Physician for the disability. After [24] months of Total Disability, Totally Disabled means that You are: (i) unable to perform the duties of Any Occupation; and (ii) under the care of a Physician for the disability. We will not require care of a Physician when it is no longer needed for the sound medical care of the condition causing Total Disability.

United States or U.S. means the United States of America, including its states, territories and possessions.

We, Us, Our and Company all mean Kanawha Insurance Company.

You and Your mean the Primary Insured as shown on the Policy Schedule.